**Travel Health Questionnaire**

**A form should be completed for EACH person travelling, answering all of the questions. Once you have submitted your form the Practice Nurse will contact you to advise whether you require any vaccinations. Please be aware that you may be advised to seek vaccinations from a private clinic.**

Personal Details

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Tel. Number** |  |

Travel/Further Information

|  |  |
| --- | --- |
| **Reason for your holiday e.g. Tourist, business, visiting family** |  |
| **Who is travelling with you?** |  |
| **Are you planning any sporting activities?** | **Yes/No** |
| **Are you planning any trips through jungle or other difficult terrain?** | **Yes/No** |
| **Country or countries to be visited** |  |
| **Resort** |  |
| **Departure date** |  |
| **Length of stay** |  |
| **Type of accommodation e.g. hotel, family house** |  |
| **Are you pregnant or planning a pregnancy?** | **Yes/No** |
| **Have you taken any malaria medication in the past?** | **Yes/No** |
| **If so, did you have any side effects?** | **Yes/No** |
| **Do you have any allergies?** | **Yes/No** |