

Western Avenue Medical Centre

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