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|  ***Main Surgery***: Istead Rise Surgery, Worcester Close, Istead Rise, GRAVESEND, Kent DA13 9LB**Telephone: 0300 456 2305**Telephone: 01474 247003Fax: 01474 831159 | logo | Dr David J PayneDr Devinder S MahilDr Tariq S HussainDr Rupal PatelDr Reena JacobDr Hajane JeyabalasingamMrs Zara J WilliamsonMr Keith D FullerVAT registration No: 879 1358 76 |

**TRAVEL QUESTIONNAIRE**

|  |  |
| --- | --- |
| **Personal details****Name:****Easiest contact telephone no.:****E Mail:** | **Date of birth:****Male [ ] Female [ ]** |
| **Date of departure:****Return date or overall length of trip:** |  |
| **Country & location to be visited** | **Length of stay** | **Away from medical help at destination, if so, how remote?** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **Please tick as appropriate below to best describe your trip** |
| **🞏 Holiday 🞏 Staying in hotel 🞏 Back packing 🞏 School trip****🞏 Business Trip 🞏 Cruise 🞏 Camping/hostels 🞏 Other****🞏 Volunteer Work 🞏 Safari 🞏 Adventure****🞏 Healthcare Worker 🞏 Pilgrimage 🞏 Diving** **🞏 Medical tourism 🞏 Visiting friends/family** |
| **Personal medical history** |
| **Do you have any allergies for example to eggs, antibiotics, nuts or latex?** |
| **Have you ever had a serious reaction to a vaccine given to you before?** |
| **Have you recent undergone radiotherapy, chemotherapy or steroid treatment?** |
| ***Women only:* Are you pregnant or planning pregnancy or breastfeeding?** |
| **Please write below any further information which may be relevant** |

**I have no reason to think I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.**

**Signed: ……………………………………………………… Date: ………………………………..**

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| **FOR OFFICIAL USE**  |  |
| **Patient name:** |  |
| **Travel risk assessment performed: Yes [ ] No [ ]** |  |
| **Travel vaccinations recommended for this trip** |  |
| **Disease protection** | **YES** | **NO** | **Patient declined****Vaccination** | **Vaccine name, dose & schedule**  | **To Pay and cost** |
| **Hepatitis A** |  |  |  | **2 doses** | **No cost** |
| **Hepatitis B**  |  |  |  | **3 doses** | **£99.00 for course** |
| **Hep A/B Combi** |  |  |  | **3 doses** | **No cost** |
| **Typhoid** |  |  |  | **1 dose** | **No cost** |
| **Cholera** |  |  |  | **2 doses** | **£56.00 for course** |
| **Tetanus/Dip/Polio** |  |  |  | **1 dose** | **No cost** |
| **Meningitis ACWY (Travel only)** |  |  |  | **1 dose** | **£40.00** |
| **Yellow Fever** |  |  |  | **1 dose + cert** | **£60.00** |
| **Rabies** |  |  |  | **3 doses** | **£165.00 for course** |
| **Japanese B Encephalitis** |  |  |  | **2 doses** | **£160.00 for course** |
| **Tick B Encephalititis** |  |  |  | **3 doses** | **£165.00 for course** |
| **MMR** |  |  |  | **2 doses** | **No cost** |
| **Travel advice and leaflets given as per travel protocol** |  |
| **Food, water & personal** **Hygiene advice** |  | **Traveller’s diarrhoea** |  |  |
| **Blood & bodily fluid infection risks eg, Hepatitis B** |  | **Insect bite prevention** |  |  |
| **Animal bites** |  | **Accidents** |  |  |
| **Insurance** |  | **Air travel** |  |  |
| **Sun & heat protection** |  | **Websites** |  |  |
| **Zika Virus information** |  | **Travel record card supplied** |  |  |
| **Other** |  |
| **Malaria prevention advice and malaria chemoprophylaxis** |  |
| **Chloroquine & proguanil** |  | **Atovaquone + proguanil** |  |  |
| **Chloroquine** |  | **Mefloquine** |  |  |
| **Doxycycline** |  | **Malaria advice leaflet given** |  |  |
| **Further information** |  |
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