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| --- | --- | --- |
| ***Main Surgery***:  Istead Rise Surgery,  Worcester Close,  Istead Rise,  GRAVESEND,  Kent DA13 9LB  **Telephone: 0300 456 2305**  Telephone: 01474 247003  Fax: 01474 831159 | logo | Dr David J Payne  Dr Devinder S Mahil  Dr Tariq S Hussain  Dr Rupal Patel  Dr Reena Jacob  Dr Hajane Jeyabalasingam  Mrs Zara J Williamson  Mr Keith D Fuller  VAT 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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