

LEIGH VIEW MEDICAL PRACTICE

Tel: 0113 253 7628 / 9

Bradford Road

Tingley, Wakefield

West Yorkshire

TRAVEL QUESTIONNAIRE



PERSONAL DETAILS

First Name: _____

Surname: _____

Date of Birth: (DD/MM/YYYY) _____

Home Address:

Postcode: _____

Contact number: _____

Email address: _____

What medication are you currently taking? (whether prescribed by GP, from hospital, over the counter or from a pharmacy)

Additional information

VACCINES AND MEDICATIONS

Indicate the vaccinations you have had in the past (please tick)

	YES	NO	NOT SURE
Tetanus/polio/diphtheria			
MMR			
Influenza			
Typhoid			
Hepatitis A			
Hepatitis B			
Pneumococcal			
Cholera			
Meningitis			
Rabies			
Japanese Encephalitis			
Tick-borne Encephalitis			
Yellow Fever			
BCG			
Malaria Tablets			

TRAVEL DETAILS

Date of departure (DD/MM/YYYY)

Total trip length (in days)

Have you purchased travel insurance for this trip?

YES/NO

Do you plan to travel abroad again in the future?

YES/NO

Type of travel and purpose of trip?

Country and location to be visited	Length of stay	Away from medical help at destination? If so, how remote?

YOUR HEALTH

Are you fit any well today?

YES/NO

Do you have any allergies? (Please state if yes)

YES/NO

Have you ever suffered a severe reaction to a vaccine?

YES/NO

Have you every had any surgical operations?

YES/NO

Do you suffer any blood conditions?

YES/NO

Do you suffer any heart disease?

YES/NO

Do you suffer any diabetes?

YES/NO

Do you suffer any disability?

YES/NO

Do you suffer epilepsy/seizures?

YES/NO

Do you suffer any gastrointestinal complaints?

YES/NO

Do you have any liver or kidney problems?

YES/NO

Do you suffer HIV/AIDS?

YES/NO

Do you have any immune system condition?

YES/NO

Do you have any mental health issues?

YES/NO

Do you have any neurological illness?

YES/NO

Do you have any respiratory (lung) disease?

YES/NO

Do you have any rheumatologic (joint) conditions?

YES/NO

Do you have any spleen problems?

YES/NO

Are you pregnant?

YES/NO

Are you breast feeding?

YES/NO

Are you planning pregnancy while away?

YES/NO

Do you have any other conditions? (Please state if yes)

YES/NO