

LONGROVE SURGERY TRAVEL ADVICE

Travel Questionnaire

If you are thinking of travelling abroad, please think well ahead. Our Practice Nurse will be pleased to advise you. Please complete this page of information as accurately as possible. It must be returned to reception before you can book your appointment with the Nurse.

Please use a separate form for each person travelling :

Date of departure :
Full Name :
Address:
Date of birth :
Telephone number:
Mobile no :

Destination(s) Country and area (including stop overs)	Length of stay	Accommodation	Activities	Area (please circle)
Eg, China, Beijing		Eg hostel, hotel camping	Eg, holiday, business, backpacking	Urban only Urban & rural Rural only

Will you be pregnant, breastfeeding or planning pregnancy during or immediately after travel	Yes / No	
Are you on steroid / cancer therapy ?	Yes / No	
Have you any medical conditions eg. Diabetes/ asthma If yes please state	Yes/No	
Have you had any previous reactions to vaccines ? If yes, which vaccine ?	Yes/No	
Are you allergic to any medicine, eggs or antibiotics ?	Yes/ No	
Are you taking any medication at present? If yes, please state –	Yes/No	
Have you had any immunisations outside Longrove Surgery which may not be in your medical notes ? if yes please give dates	Yes/No	
Tetanus	Polio	Typhoid
Hepatitis A	Hepatitis B	Yellow Fever
Others		

I confirm the above answers to be correct to the best of my knowledge and consent to having the vaccines lister overleaf given to me at Longrove Surgery.

Patient signature	Date
Parent to sign if under 16 years old	Date