

Seascale Health Centre

Pre-Travel Questionnaire

It is essential that you visit the practice well in advance of travelling abroad to make sure you have enough time to get all of the protection you need. This questionnaire is to help us make sure you remain healthy when travelling abroad.

Please return the completed questionnaire at reception 8 weeks before you travel in order for us to process the information and arrange your appointment with the Practice Nurse. To help us give you the best holiday travel advice, **please give as much information as you can** – thank you.

For further information please visit: **Travel Health Pro website** <http://travelhealthpro.org.uk/>

General Information

Name:		Date of Birth:	Age:
Telephone:			
Departure date:	Return date:	Total number of days away:	Today's date:

Hotel, tourist holiday (if you are visiting several different areas, **please give details**)

Itinerary – Please specify all areas	Duration of stay in each area	Type of accommodation

Safari, trek, backpacking or remote areas (please give details of each area to be visited)

Itinerary – Please specify all areas	Duration of stay in each area	Type of accommodation

Cruise (if you are visiting several different countries/areas, **please give details**)

Itinerary – Please specify all areas	Duration of stay in each area	Amount of time/days on shore	Overnight stops

School Trips (if you are visiting several different countries/areas, **please give details** and if possible attach copy of holiday company/school itinerary)

Itinerary – Please specify all areas	Duration of stay in each area	Type of accommodation

Seascale Health Centre

Availability of Medical Help

If you are travelling to a place where medical help is not readily at hand, please estimate how long it would take for you to reach medical help.

Country – Please specify all areas	Medical Help Available? Y / N	Estimate of Time needed to reach Medical Help

Trip Description (please tick all the appropriate boxes.)

Purpose of Trip

Business Pleasure Other

Type of Trip

Package Self-Organised Backpacking
 Camping Cruise Ship Trekking

Accommodation

Hotel Friends/Family Other

Travelling

Alone With Friends/Family In A Group

Location Type

Urban Rural Altitude (Over 3000m or 10,000ft)

Activity Type

Safari Adventure Other

Medical History/Current Medication (specifically, please tell us if you have any of the following)

<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Previous reaction to a vaccine
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rheumatoid arthritis
<input type="checkbox"/> Cardiac Problems	<input type="checkbox"/> Pregnant, possible pregnancy, Breast feeding
<input type="checkbox"/> HIV	<input type="checkbox"/> Spleen removed
<input type="checkbox"/> Taking contraception	
<input type="checkbox"/> I am receiving chemotherapy/radiotherapy	
<input type="checkbox"/> Crohn's, Ulcerative colitis or I take drugs that suppress the immune system	

I am **allergic** to the following things:

<input type="checkbox"/> Eggs
<input type="checkbox"/> Antibiotics
<input type="checkbox"/> Latex

Other, please specify

Vaccination history

I have had the following vaccinations (childhood and other) - please complete if known

Vaccination	Date given

I have had these vaccinations **in the past three weeks**:

<input type="checkbox"/> Yellow fever	<input type="checkbox"/> Gamma Globulin
<input type="checkbox"/> Polio	<input type="checkbox"/> BCG

Seascale Health Centre

Malaria Medication History

I have previously taken the following malaria medication:

<input type="checkbox"/>	Chloroquine (Avloclor®)
<input type="checkbox"/>	Proguanil (Paludrine®)
<input type="checkbox"/>	Mefloquine (Lariam®)
<input type="checkbox"/>	Doxycycline
<input type="checkbox"/>	Proguanil + Atovaquone (Malarone®)
Other/Can't remember the name but travelled to:	

When I took the malaria medication:

<input type="checkbox"/>	I had no problems and took it regularly
<input type="checkbox"/>	Stopped taking it before I was advised
<input type="checkbox"/>	Had Malaria on return
<input type="checkbox"/>	Had the following side effects:

If you are suffering from a fever or other infection you should inform our nurse on the day you visit for vaccinations

Consent to treatment:

Name

Signature

Relationship if patient travelling is under 16