

# Pre -Travel Questionnaire

It is essential that you make an appointment see the practice nurse well in advance of travelling abroad. She will be able to advise you personally regarding vaccinations, malaria prevention and general health issues you should consider for your destination.

Also visit our website for valuable information: [www.marstonmedicalcentre.co.uk](http://www.marstonmedicalcentre.co.uk)

## General Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

I will be visiting the following Countries: \_\_\_\_\_

Please state how long in each country: \_\_\_\_\_

Type of holiday:  Business  Holiday  VFR  Other \_\_\_\_\_

Accommodation type:  Hotel (star )  Hostel  Family home  Other \_\_\_\_\_

High risk activities \_\_\_\_\_

Medical Insurance arranged?  Yes  No

## Vaccination History

I have had the following vaccinations:

Date	Vaccination

## Medical History

I am taking the following medication regularly:

Steroids  OCP  Other \_\_\_\_\_  
 Pregnant  Pregnancy planned  Well today

I am allergic to the following things:

Eggs  Antibiotics  Other: \_\_\_\_\_

I have the following conditions:

Psoriasis  Epilepsy  Cardiac problems  Previous reaction to a vaccine  
 Spleen removed  HIV  I take drugs that suppress my immune system  
 Other present health problems: \_\_\_\_\_

NB: If you are suffering from a fever or other infection you should inform your health professional on the day you visit for vaccinations.

*Please complete page 2.....*

**MALARIA MEDICATION HISTORY:**

I have previously taken the following malaria medication:

- Paludrine – taken every day
- Chloroquine alone – taken once a week
- Paludrine and Chloroquine taken together
- Larium – taken once a week
- Doxycycline – taken every day
- Malarone – taken every day
- Other / Can't remember the name but I travelled to: \_\_\_\_\_

When I took the malaria medication:

- I had no problems and took it regularly
- Stopped taking it before I was advised
- Had the following side effects: \_\_\_\_\_
- Had Malaria on return

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**TO BE COMPLETED AT APPOINTMENT**

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

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

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<i>For office use only....</i>	
Recommended Vaccines	
Tetanus / diphtheria	
Typhoid	
Hepatitis A	
Hepatitis B	
Meningitis	
Yellow Fever	
Other	