LOVEMEAD GROUP PRACTICE

TRAVEL QUESTIONNAIRE

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| Contact phone number: |  |
| Departure date: |  |
| Return date: |  |

I will be visiting the following countries:

|  |  |
| --- | --- |
| Country: | Number of days: |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of accommodation: | Hotel | Camping | Family | Other |
| Reason for travel: | Holiday | Work | Voluntary work | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| Childhood vaccinations: | Had all | Had some | Don’t know |

I have had the following vaccinations:

|  |  |
| --- | --- |
| Vaccination/Course: | Date: |
|  |  |
|  |  |
|  |  |
|  |  |

Are you:

|  |  |  |
| --- | --- | --- |
| Pregnant | Planning Pregnancy | Breast feeding |

Has there been a recent change in your medication or health?

|  |
| --- |
|  |

Are you allergic to any foods or medications?

|  |
| --- |
|  |

Are you having or have you had recently?

|  |  |  |
| --- | --- | --- |
| Chemotherapy | Radiotherapy | Are you immune suppressed for any reason |

Have you ever suffered from:

|  |  |  |  |
| --- | --- | --- | --- |
| Cancer | Leukaemia | Hepatitis | HIV/Aids |

Is there any other information you feel we ought to have?

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| --- |
|  |