Ashbourne Medical Practice
Travel Questionnaire

IMPORTANT – Please read the following notes before completing the questionnaire

If you require any vaccinations relating to foreign travel you need to make a **20 minute appointment per traveller** with the Practice Nurse to discuss your travel arrangements.

It is important to make this initial appointment at least **8 weeks prior to travelling** as a second or third appointment with the practice nurse may be required.

The purpose of this travel questionnaire is for the nurse to review your travel details prior to the appointment and order any vaccines you may need, as they don't always have them in stock.

If vaccines are required the Receptionist will contact you by telephone to arrange an appointment.

Personal Details

Name	
Date of Birth:	**Sex:**
Daytime Tel:	
Email:	

Travel Information

Country – Essential to include specific regions, coastal or inland areas		**Duration of stay**	**Date of departure**	**Date of Return**	**Accommodation Type please state: Hotel, camping etc.**
Area 1					
Area 2					
Area 3					
Area 4					

Purpose of trip:	**Business** ☐	**Pleasure** ☐	**Other** ☐
Type of trip:	**Package** ☐	**Cruise** ☐	
	Self Catering ☐	**Trekking** ☐	
	Camping ☐	**Backpacking** ☐	
	Other: Please state		
Activity Type:	**Safari** ☐	**Adventure** ☐	**Snorkelling** ☐
	Other: Please state		
Travelling:	**Alone** ☐	**Family/Friends** ☐	**In a group** ☐

Are you pregnant, planning pregnancy or breast feeding?
List of all allergies that you have (e.g. eggs, nuts, antibiotics)
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Vaccination History

Have you ever had any of the following vaccinations/ medication and if so, when?
If you are unsure the nurse will be able to check your records.

Tetanus		Polio	
Diphtheria		Typhoid	
Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever	
Influenza		Rabies	
Jap B Enceph		Tick Borne	
Malaria Tablets		Other	

MALARIA MEDICATION HISTORY:

Please tick if you have taken any of 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:

Result of taking 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

Patients Signature_____

Date form returned_____

Pricing
To be paid for prior to the nurse ordering

Malaria Tablets – Price on request

Yellow Fever- £65

Rabies (course of three injections over 1 month) - Price on request

Japanese Encephalitis (course of three injections over 1 month) - Price on request

Tick-borne Encephalitis (course of three injections over 12 months) - Price on request