**TOLLERTON SURGERY NHS TRAVEL QUESTIONNAIRE**

**PRIVATE & CONFIDENTIAL**

**PLEASE NOTE:** if you are travelling in the next week make an appointment now as you will be limited to advice/vaccines

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF TRIP: | BUSINESS | PLEASURE | OTHER |
| HOLIDAY TYPE: | PACKAGE | SELF-ORGANISED | BACKPACKING |
| CAMPING | CRUISE | TREKKING |
| ACCOMMODATION: | HOTEL | FAMILY HOME | CAMPING/ OTHER |
| AREA STAYING IS: | URBAN | RURAL | ALTITUDE |
| PLANNED ACTIVITIES: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | | ADDRESS: | |
| D.O.B: | |
| TEL NUMBER: | |
| DO YOU CONSENT TO A MESSAGE BEING LEFT ON YOUR HOME/MOBILE ANSWER MACHINE? Please circle | | | YES NO |
| DATE OF DEPARTURE |  | | |
| LENGTH OF OVERALL TRIP |  | | |
| PURPOSE OF TRIP |  | | |
| COUNTRY/COUTRIES VISITING (please list exact areas for all destinations) |  | | |

DO YOU HAVE ANY RECENT OR PAST MEDICAL HISTORY?.........................................................

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DO YOU HAVE ANY ALLERGIES OR A SERIOUS REACTION TO A VACCINE?.................................

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HAVE YOU RECENTLY UNDERGONE RADIOTHERAPY, CHEMOTHERAPY OR STEROID TREATMENT?.............................................................................................................................

**WOMEN ONLY :** ARE YOU (please circle): PREGNANT PLANNING PREGANANCY BREAST FEEDING NONE

ARE YOU TAKING CONTRACEPTION? (If so please state name): …………………………………………..

**The following standard NHS Vaccinations can be administered free of charge at Tollerton Surgery if required; Dip/Tet/Polio, Hepatitis A, Typhoid.**

**We suggest for further advice  
you look on the NHS public travel site which is** [**www.travelhealthpro.org.uk**](http://www.travelhealthpro.org.uk) **or discuss with a local travel clinic or Pharmacy.**

**PLEASE GET IN CONTACT WITH THE SURGERY 3 DAYS AFTER HANDING FORM IN**