COURTYARD SURGERY TRAVEL HEALTH QUESTIONNAIRE

PLEASE HELP US TO HELP YOU STAY WELL WHEN YOU ARE ABROAD, AND REMAIN HEALTHY ON YOUR RETURN. WE RECOMMEND THAT THIS TRAVEL QUESTIONNAIRE BE COMPLETED BEFORE YOUR APPOINTMENT WITH THE PRACTICE NURSE.

The following questions have been included to enable us to obtain relevant information which could influence the advice you are given. The accuracy of the information you provide is vitally important.

Please remember that:

- We have an accurate record of any medications you are currently prescribed at Courtyard Surgery, <u>BUT</u> we may not know about medications you may have been prescribed from hospital, private clinics, or that you have bought over the counter from the pharmacy.
- We have an accurate record of any vaccinations you have received at Courtyard Surgery, <u>BUT</u>
 we may not have a record of vaccinations you have received eg. At a hospital casualty
 department, private travel clinic, or previous GP practice.
- We may need to order the vaccine that you require.

We therefore request that you complete this form as accurately as possible and **at least 8 weeks** before you are due to travel.

After completing the travel questionnaire, please return it to the reception desk as soon as possible to make an appointment with the Travel Nurse.

It is Courtyard Surgery's policy to advise all patients who have received any immunisation that they may be asked wait in the waiting room for at least 15 minutes to ensure they do not experience any adverse reaction.

Do you have access to the internet? YES / NO

If you have access to the Internet there are many public websites which will provide current health advice for your chosen destination. You may find the information helpful in your planning.

Useful websites to look at prior to travel:

www.fitfortravel.com

www.8weekstogo.co.uk

SOME VACCINATIONS ARE NOT PROVIDED BY THE NHS. YOU WILL BE ADVISED OF THIS AND ASKED TO PAY FOR THE VACCINE BEFORE IT IS ADMINISTERED.

Personal details details							
Name				Date of Birth	_		
Address:			<u> </u>	Male [] Female [
Address.							
Home phone no:	Day	time no:	Mob	oile no:			
Dates of trip							
Date of departure:	vicit	Return date or overall le	ngth of trip	0:			
Itinerary and purpose of Countries to be visited		Length of stay		Away from medical help at destination, if so, how remote?			
1.				, ,			
2.							
3.							
Any future travel plans?							
Type of trip	Business	ness Pleasure		Other			
2. Holiday type	Package	Self organised		Backpacking			
	Camping	Cruise ship		Trekking			
3. Accommodation	Hotel	Relatives/family/		Other			
4. Travelling	Alone	With family/friend	t	In a group			
5. Staying in area which is	Urban	Rural		Altitude			
6. Planned activitiesDo you have any recent or p	Safari	Adventure		Other			
pList any current or repeat n	nedications						
Do you have any allergies for							
Have you ever had a serious		Ç ,	?				
Does having an injection ma	ıke you feel faiı	nt?					
Do you or any close family n	nembers have	epilepsy?					
Do you have any history of r	nental illness ir	ncluding depression or anxi	ety?				
Have you recently undergon	e radiotherapy	, chemotherapy or steroid t	reatment?)			
Women only: Are you pregr	-						
Have you taken out travel in company?	surance and if	you have a medical condition	on, have y	ou informed the insur	ance		
Please write below any furth	er information	which may be relevant					

Vaccination history	Vaccination high	O #1) /								
Tetanus Polio Diphtheria Typhoid Hepatitis A Hepatitis B Meningitis Yellow Fever Influenza Rabies Jap B Enceph Tick Borne Other Malaria tablets For discussion when risk assessment is performed with your 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 and have had the opportunity to ask questions. I consent to the vaccines being given. Signed: Date: Date: FOR OFFICIAL USE Patient name: Travel assessment performed Yes [] No [] Travel vaccines recommended for this trip Disease protection Yes No Hepatitis A Hepatitis B Hepatitis B Typhoid Patient declined vaccine Hepatitis B Further information Hepatitis B Hepatitis B Hepatitis B Typhoid Hepatitis B Hepatitis B Hepatitis B Hepatitis B Typhoid Hepatitis B Hepatitis B Hepatitis B Hepatitis B Hepatitis B Typhoid Hepatitis B Hepatitis			ho follo	wing vaccinatio	nc/malaria table	tc and	if so whon?		<u> </u>	
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