



PRE-TRAVEL QUESTIONNAIRE

The information on this form will help your doctor or nurse to find out if you may need any vaccinations before you travel to help keep you healthy on your trip. This form should be given to your GP or nurse when you visit your surgery or travel clinic. Please complete all details about your planned trip.

Name _____

Date of birth _____

Date of departure _____

Date of return _____

I will be visiting the following countries

Please give details of the resort/region as well as the country. Remember to list any countries you will be travelling through as well as those you'll be staying in

Time in country (days)

Purpose of trip
e.g. holiday/visiting relatives. Include any at-risk activities planned

Type of accommodation
e.g. hotel/hostel/campsite

Do you plan to travel abroad again in the future?:

MEDICAL HISTORY

Please give details of any conditions that may affect your travel plans e.g. pregnancy, diabetes, heart, thymus or spleen problems, HIV/AIDS or allergies.

Medical history:

Allergies e.g. eggs, antibiotics:

Current medication (including oral contraceptives):

Women only Are you pregnant, planning pregnancy or breast feeding?:

Please give details of any previous vaccinations and anti-malarial medications below:

Vaccination	Date	Comments (any problems or side-effects you may have experienced)
Hepatitis A		
Typhoid fever		
Yellow fever		
Rabies		
Hepatitis B		
Cholera		
Japanese encephalitis		
Influenza		
Other:		

Date	Anti-malarial	Comments (any problems or side-effects you may have experienced)

BEFORE YOU TRAVEL

- Make sure you get adequate travel insurance for all the activities you're planning on taking part in.
- Pack a first aid kit, including a sterile kit of emergency equipment if you're going somewhere remote.
- Make sure that you have adequate supplies of your prescription medication. Have you checked with the airport and airline for any restrictions they may have on travelling with medicines or administration devices?
- Have you had a recent dental and medical check up?
- Find out more about the region you're travelling to by visiting The Foreign Office Website and for advice on specific risks in specific countries (www.fco.gov.uk).

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Patient Signature _____ **Date** _____

Print Name _____

Nurse Signature _____ **Date** _____

Print Name _____



This leaflet has been prepared by Sanofi Pasteur MSD to aid in pre-travel assessment for travellers. It is not meant as an alternative to individual advice and should be used in conjunction with advice provided to you by a healthcare professional

