



The Chorley Surgery – Travel Health Questionnaire

Please read before filling in the attached form.

With increasing numbers of people traveling abroad, we recommend that you seek advice from our Practice Nurses regarding the appropriate vaccinations for your destination. Please plan well ahead and book your appointment **at least six weeks before you travel.**

Travel vaccines are not medical emergencies. There a number of private travel clinics online if an appropriate appointment cannot be allocated.

Patients may attend any travel clinic but it may be helpful if any immunisations you have elsewhere are recorded in your NHS medical records.

Many holiday immunisations are funded by the NHS however a number of them are private. You will be advised if you are required to pay for private immunisations prior to them being administered.

A minimum of 5 working days is required for the nurse to read and address the attached completed form. Please complete one form for each member of the family travelling.

It is the responsibility of the patient to contact the surgery after 5 working days to access the relevant information and arrange any necessary appointments. Patients can book an appointment in anticipation of requiring travel vaccines whilst waiting for the nurse to provide the relevant information.



The Chorley Surgery – Travel Health Questionnaire

Personal details

Name: _____ Date of Birth: _____
 Male / Female

Contact telephone number: _____ Email: _____

Dates of trip

Date of Departure: _____ Return date or length of trip: _____

Itinerary and purpose of visit

Country to be visited	Length of stay	How close to medical help at destination / remote?
1.		
2.		
3.		
Future travel plans		

Please tick as appropriate below to best describe your trip

1. Type of trip	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type	Package	<input type="checkbox"/>	Self-organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Family home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family/friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>
5. Staying in area which is	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>

Personal medical history

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)



List any current or repeat medications:
Do you have any allergies e.g. to eggs, antibiotics, nuts?
Have you ever had a serious reaction to a vaccine given to you previously?
Does having an injection make you feel faint or dizzy?
Do you or any close family members have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant or planning pregnancy or breast feeding?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?
Please write below any further information which may be relevant

Vaccination history					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					

For discussion when risk assessment is performed within your appointment:

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: _____



FOR OFFICIAL USE

Patient Name: _____ Travel risk assessment performed: Yes/No

Travel vaccines recommended for this trip			
Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Japanese B Encephalitis			
Rabies			
Other			

Travel advice and leaflets given as per travel protocol				
Food water and personal hygiene advice		Travellers' diarrhoea		Hepatitis B and HIV
Insect bite prevention		Animal bites		Accidents
Insurance		Air travel		Sun and heat protection
Websites		Travel Record card supplied		
		Other		

Malaria prevention advice and malaria chemoprophylaxis			
Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Further information

Created May 2018



e.g. weight of child

Signed by: _____ Position: _____ Date: _____

After completion scan form into patient's record on the computer for evidence of best practice