

**Travel Questionnaire**

Please read the information on the back of this form before completing the questionnaire.

Name..... Date of birth.....

Address.....

.....

Destinations..... (Urban/Rural/Both/Altitude >3000meters)

.....

Departure Dates.....

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Previous Vaccinations..... (Childhood/Previous travel/Work)

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Type of trip..... (Holiday/Business/Visiting Family

..... Backpacking/Volunteering)

Accommodation..... (Hotel/Hostel/Camping)

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Are you on any medication.....

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Office Use

Antimalarials – chloroquine/proguanil/doxycycline/malarone/mefloquine – not required

- Quantity..... Script ordered Yes/Not required

Vaccinations – Diphtheria/tetanus/polio hepatitis A typhoid

Referred to specialist clinic – yes/no

Allergies Pregnancy Written info