<u>Castlegate Surgery Travel Questionnaire</u>

Please complete a form for each member of your party or family.

Please return the completed questionnaire at least **6 weeks** before your departure date.

Name: DOB: Address: Postcode: Home Tel No: Mobile Tel No:	Previous vaccines? Please tick and give approximate dates. Tetanus BCG Polio Hepatitis B Typhoid Hepatitis A Yellow fever Meningitis Rabies Encephalitis		
Can a message be left on an answer phone: Yes	No Diphtheria		
Please tick any that apply to you: I am pregnant / or plan to become pregnant within 3 months of travel / I am breastfeeding. I am taking steroids or have had a joint injection for pain within the last 3 months. I am suffering from a disease of the immune system. I have recently undergone chemotherapy/radiotherapy. I am at risk of being HIV positive. I have had a reaction to a vaccine. Please specify: I am allergic to drugs or food. (e.g. eggs, nuts) Please specify: I am a smoker I am an ex smoker I have never smoked tobacco. Height			
Departure date: Date of return:			
Which countries do you intend to visit? (please list Country/area within country or city.	Length of stay :		
1)			
2)			
3)			
4)			
What style of travel / living conditions are you planning? □ Business / pleasure / other □ Rural / backpacking / camping / cruising □ Reasonable accommodation but with some short rural trips □ Good accommodation in major towns or cities □ Safari / adventure / other Will you be staying more than 24 hours from medical aid? Yes / No Are you working with the sick / refugees or animals? Yes / No			
I confirm that the above information is correct to the best of my knowledge, and request advice about appropriate vaccinations and anti-malaria tablets for my trip. I understand that I may be advised to phone/ attend a dedicated travel clinic for specialist advice/ vaccines. I also understand that most travel services are not covered by the NHS and fees will be charged. Patients signature: (Parent if under 16) Date:			

I ravel vaccine re (Nurses use only)	· ·	um efficacy, all vaccines should be given at ays before departure.
Patients name:		DOB
Onestina 4 This database	ala atau ara a la a ala a ara	and ancient as assembled in companies and an artist
	•	ered against as recorded in your NHS notes. We do not at school, work or privately.
<u>Vaccine</u>	Covered (tick i	f covered) Last Given
Polio	[]	
Revaxis (diphtheria with tet	anus and polio) []	
Typhoid	[]	
Hepatitis A (first dose)	[]	
Hepatitis A (booster)	[]	
Hepatitis B	[]	
Meningococcal (A&C)	[]	
Yellow fever	[]	
Rabies	[]	
Other		
Section 2 If your trip is felt to be within our area of expertise we will list below the additional cover that you require. If your trip is deemed to be outside of our area of expertise we advise you to call MASTA for their travel health brief.		
You need (tick as approp	riate)	
Polio *	[] H	Hepatitis B *
Tetanus and Diphtheria *		Meningitis ACWY []
BCG for TB	[] F	Rabies * []
Typhoid *	[]	′ellow fever * []
Hepatitis A *	[] J	lapanese Encephalitis []
Tick Encephalitis	[]	
Those marked * are offered at the surgery and given by the practice nurses.		
Anti-Malaria Tablets	[] Type required:.	
[] On private prescription only [] Can be bought from the pharmacy		
(If malaria advice alone is all that is required then only one member of the family need make an appointment)		
Luca company and the control of	mad navace to be a de	opingo / goti mologio talelata indicata di anti-
I recommend the above na contact a dedicated travel of	•	accines / anti-malaria tablets indicated and/or to at advice / vaccines.