LEIGH VIEW MEDICAL PRACTICE

Tel: 0113 253 7628 / 9

Bradford Road

Tingley, Wakefield

West Yorkshire

TRAVEL QUESTIONNAIRE



Please ensure this form is filled out around 10 weeks before travel, for travel vaccinations to be administered 6 to 8 weeks before departure.

If you have not left enough time to make the appointment with a nurse for the travel advice, you will need to attend a travel clinic;

Superdrug Travel Clinic. White Rose shopping Centre.

03333111007 or book online at www.superdrug.com

PERSONAL DETAILS

First Name:
Surname:
Date of Birth: (DD/MM/YYYY)
Home Address:
Postcode:
Contact number:
Email address:

dditional information		
date on a mornia con		

VACCINES AND MEDICATIONS

Indicate the vaccinations you have had in the past (please tick)

	YES	NO	NOT SURE
Tetanus/polio/diptheria			
MMR			
Influenza			
Typhoid			
Hepatitis A			
Hepatitis B			
Pneumococcal			
Cholera			
Meningitis			
Rabies			
Japanese Encephalitis			
Tick-borne Encephalitis			
Yellow Fever			
BCG			
Malaria Tablets			

TRAVEL DETAILS

Date of departure . (Please ensure there is at least 6 weeks before
departure) DD/MM/YYYY)
Total trip length (in days)

Have you purchased travel insurance for this trip?
YES/NO

Do you plan to travel abroad again in the future?

YES/NO

Type of travel and purpose of trip?

Accommodation:

Staying in area which is Urban Rural Altitude

Planned activities Safari Adventure Other

Country and location to be visited	Length of stay	Away from medical help at destination? If so, how remote?

YOUR HEALTH

YES/NO Are you fit any well today? YES/NO Do you have any immune system condition? YES/NO Do you have any allergies? (Please state if yes) YES/NO Do you have any mental health issues? YES/NO Have you ever suffered a severe reaction to a vaccine? Do you have any neurological illness? YES/NO YES/NO Have you every had any surgical operations? Do you have any respiratory (lung) disease? YES/NO YES/NO Do you suffer any blood conditions? YES/NO Do you have any rheumatologic (joint) conditions? YES/NO Do you suffer any heart disease? Do you have any spleen problems? YES/NO YES/NO Do you suffer any diabetes? Are you pregnant? YES/NO YES/NO Do you suffer any disability? YES/NO Are you breast feeding? Do you suffer epilepsy/seizures? YES/NO Are you planning pregnancy while away? YES/NO Do you suffer any gastrointestinal complaints? YES/NO Do you have any other conditions? (Please state if yes) YES/NO YES/NO Do you have any liver or kidney problems? YES/NO

Do you suffer HIV/AIDS?