

LEIGH VIEW MEDICAL PRACTICE

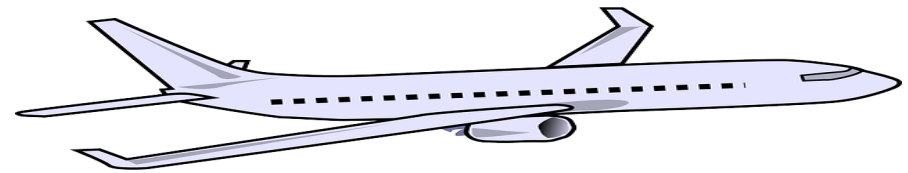
Tel: 0113 253 7628 / 9

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: _____

What medication are you currently taking? (whether prescribed by GP, from hospital, over the counter or from a pharmacy)

Additional information

YOUR HEALTH

Are you fit any well today?

YES/NO

Do you have any allergies? (Please state if yes)

YES/NO

Have you ever suffered a severe reaction to a vaccine?

YES/NO

Have you every had any surgical operations?

YES/NO

Do you suffer any blood conditions?

YES/NO

Do you suffer any heart disease?

YES/NO

Do you suffer any diabetes?

YES/NO

Do you suffer any disability?

YES/NO

Do you suffer epilepsy/seizures?

YES/NO

Do you suffer any gastrointestinal complaints?

YES/NO

Do you have any liver or kidney problems?

YES/NO

Do you suffer HIV/AIDS?

YES/NO

Do you have any immune system condition?

YES/NO

Do you have any mental health issues?

YES/NO

Do you have any neurological illness?

YES/NO

Do you have any respiratory (lung) disease?

YES/NO

Do you have any rheumatologic (joint) conditions?

YES/NO

Do you have any spleen problems?

YES/NO

Are you pregnant?

YES/NO

Are you breast feeding?

YES/NO

Are you planning pregnancy while away?

YES/NO

Do you have any other conditions? (Please state if yes)

YES/NO