

Dr Amole Surgery
TRAVEL QUESTIONNAIRE

Please complete the following sections, sign and return it to reception. The Nurse will check your immunisation requirements and someone will contact you to inform you either that you require an appointment or that you are up to date and no appointment is necessary.

Full Name		
Date of Birth		
Contact Phone No		
Travel Destination(s)?	Country:	Nearest City or Region:
Length of Stay?		
Departure Date?		
Type of Trip?	Package Holiday <input type="checkbox"/> Backpacking <input type="checkbox"/> Business <input type="checkbox"/> Voluntary Work <input type="checkbox"/> Visiting Family <input type="checkbox"/> Cruise <input type="checkbox"/> If another, please indicate what type of trip:	
Planned Activities?		
Accommodation?		
Allergies?		
Are you pregnant?		
Previous Vaccinations (if known)		

I understand that charges may apply, and I agree to pay any charges in full by cash or cheque at my first appointment.

Signature