

**HUDDERSFIELD ROAD SURGERY  
6 HUDDERSFIELD ROAD, BARNLSLEY**

**TRAVEL QUESTIONNAIRE**

Please complete and return this form to the Reception at least 6 weeks before your departure. Please note that some vaccines may carry a charge.

Name:  Address:		Date of Birth:	
Home Tel: Mobile Tel: Work Tel:		Date of Departure:	
Area of and Country to be visited	Length of Stay	Away from medical help at destination? If so, how remote?	
1			
2			
3			
<b>Please tick as appropriate below to best describe your trip</b>			
1 Type of trip	Business	Pleasure	Other
2 Holiday type	Package	Self Organised	Backpacking
	Camping	Cruise ship	Trekking
3 Accommodation	Hotel	Relatives/family home	Other
4 Travelling	Alone	With family/friend	In a group
5 Staying in area which is	Urban	Rural	Altitude
6 Planned activities	Safari	Adventure	Other
<b>Personal Medical History</b>			
Do you have any recent or past medical history of note? (including Diabetes, Heart or Lung conditions)			
Do you have any allergies? eg eggs, antibiotics, nuts?			
Have you ever had a serious reaction to a vaccine given to you before?			
Does having an injection make you feel faint?			
Do you have any history of mental illness including depression or anxiety?			
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?			
<b>Women only</b> – Are you pregnant or planning pregnancy or breast feeding?			
Have you taken out travel insurance? If you have a medical condition have you informed the insurance company about this?			
Please write below any further information which may be relevant			

<b>Vaccination History</b>					
Please record below known vaccinations/malaria tablets					
If you are newly registered at this Practice please contact your previous surgery to obtain a list of your vaccinations.					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

For your information it may help to visit the following websites before your appointment:

[www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

[www.malariahotspots.co.uk](http://www.malariahotspots.co.uk)

[www.nhs.uk/conditions/malaria](http://www.nhs.uk/conditions/malaria)

Please sign below to confirm your consent to the vaccines being given

Signed ..... Date .....

<b>FOR OFFICIAL USE</b>			
Travel risk assessment performed:	Yes	No	
<b>Travel vaccines given for this trip</b>			
	Yes	Date Given	Comments
Hepatitis A			
Hepatitis B			
Typhoid			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY*			
Rabies*			
Japanese B Encephalitis*			
Other			

<b>Travel Advice</b>			
Food, water & personal hygiene advice		Travellers, diarrhoea	Hepatitis B & HIV
Insect bite prevention		Animal bites	Accidents
Insurance		Air travel	Sun & heal protection

<b>Malaria prevention advice and malaria chemoprophylaxis (private prescription*)</b>			
Chloroquine & Proguanil		Atovaquone + Proguanil (Malarone*)	
Chloroquine		Mafloquine (Lariam*)	
Doxycycline*		Malaria advice leaflet given	

Other information:
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\* These vaccines are chargeable