Stokenchurch Medical Centre - Travel questionnaire

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Tel No: |  |
| Destination: | Departure Date: |
| Length of stay: | Business / holiday |
| hotel, Backpack, VSO, Safari, Cruise |
| Medical History: |  |
| Past reactions to vaccines | Well today ? Yes / No |
| Heart / BP | Chemotherapy |
| Asthma / Diabetes | Radiotherapy |
| Epilepsy | Oral contraceptives |
| Splenectomy | Pregnant/breastfeeding |
| Mental Health problems | planned pregnancy |
| Depression | Warfarin |
| Steroids | Allergies |
| Vaccination History - dates |
| Diptheria | Hep B |
| Tetanus | Rabies |
| Polio | Jap E |
| Hep A | Yellow Fever |
| Typhoid | MMR |
| Flu | BCG |

|  |  |  |
| --- | --- | --- |
| Vaccinations: Date / serial No / signature |  | Booster due: |
| D,T & Polio |  |  |  |  |
|  |  |  |  |
| Typhoid |  |  |  |  |
|  |  |  |  |
| Hep' A |  |  |  |  |
|  |  |  |  |
| Hep'B |  |  |  |  |
|  |  |  |  |
| Rabies |  |  |  |  |
|  |  |  |  |
| Jap' E |  |  |  |  |
|  |  |  |  |
| MenACWY |  |  |  |  |
|  |  |  |  |
| Y FeverMalaria |  |  | Certificate: |  |
|  |  |  |  |
| Weight if < 40 kgs: | Rabies | Sun |
| Chloroquine/Proguanil |  |  | Hep B | Air travel |
| Chloroquine |  |  | Bite prevention | Insurance |
| Atovaquone/Proguanil |  |  | Report PUO on return | Dengue fever |
| Doxycycline |  |  | Hygeine food & water | Ticks |
| Mefloquine |  |  | Pregnant Y/N | Contraceptives |
| to GP | Altitude | Antibiotics | Bill | Record Book |
| PN Signature:Signature |  |  |  | Date: |
| (Parents consent if <16) |  |  | Date: |
| I have no reason to think I might be pregnant. |
| I have received information on the riskd & benefits ofthe vaccines recommended. I have had the opportunity to ask questions. |