

CARDEN MEDICAL CENTRE

Travel Advice Questionnaire

To help us give the best advice to travellers and the necessary vaccinations to keep them healthy and disease free abroad we need to have all the information requested on this form. Please complete the details on this form and return it to the practice for the attention of the Practice Nurse, at least a month (preferably more) before you are due to travel.

Name:

Address:

Date of birth: Tel Number

If under 15 years of age, please add your weight:

I will be visiting the following countries:

Country	For (days)	Date of Departure

Will you be staying in: Hotel in tourist area
 Hotel and safari
 Backpacker camping rural trekking

Does your journey include: Coastal areas Inland areas

Do you plan any safaris, jungle exploring or travel in difficult terrain: yes No

I am taking the following medication regularly:

Medication

If you are suffering from a fever or other infection you should inform your health professional on the day you visit for your vaccinations

I am allergic to the following things: Eggs

Other

I have the following conditions:

Psoriasis Epelepsy

Cardiac problems Spleen Removed

Previous reaction to a vaccine HIV

Pregnant/possible pregnancy

I am breastfeeding

Psychiatric illness/ Depression

I take drugs that suppress my immune system

Other:

I have had the following vaccinations:

Vaccination	Date given	

I have had these vaccinations in the past three weeks:

- Yellow fever Gamma globulin
 Polio BCG

I have previously taken the following malaria medication:

- Paludrine - taken every day Chloroquine alone - taken once a week
 Paludrine and Chloroquine taken together
 Lariam - taken once a week Doxycycline - taken every day
 Malarone - taken every day
 Other/can't remember the name but I travelled to:

When I took the malaria medication:

- I had no problems and took it regularly
 Stopped taking it before I was advised
 Had the following side effects:
 Had Malaria on return