

**MARKET CROSS SURGERY
CORBY GLEN
TRAVEL QUESTIONNAIRE**

(please print this form, complete and return it to the surgery)

Name _____ Date of birth _____

Address _____

Tele no _____ Mobile _____ E mail _____

Date of Departure _____ Return _____

Itinerary and purpose of visit

Country to be visited	Area (s)	Away from medical help at destination, if so how remote?
1.		
2.		
3.		
4.		

Please tick as appropriate below to best describe your trip

Type of trip	Business		Pleasure		Other	
Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
Accommodation	Hotel		Relatives/family home		Other	
Staying in area which is	Urban		Rural		Altitude	
Planned activities	Safari		Adventure		Other	

Personal medical history

Do you have any recent or past medical history of note (including diabetes, heart or lung conditions)
List any current or repeat medications
Do you have any allergies i.e. 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 or any close family members have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant or planning pregnancy or breast feeding?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?
Please write on the reverse any further information which may be relevant.

Please complete questions on reverse

Vaccination history. Have you ever had any of the following vaccinations / Malaria tablets if so when

Tetanus		Polio		Diphtheria		Typhoid	
Hepatitis A		Hepatitis B		Meningitis		Yellow fever	
Influenza		Rabies		Jap B Enceph		Tick Borne	

Other _____ Malaria Tablets _____

Signed : _____

Date: _____

(Please return the completed form to the surgery. You will be advised by letter of your travel immunisation requirements and any appointments you need to make. Thank you.)

Further Information