

WESTBANK PRACTICE TRAVEL QUESTIONNAIRE
 Travel Health info also available online at <www.fitfortravel.scot.nhs.uk>

NAME:	DoB:
Address:	Contact Tel:
Departure date:	Duration of stay:

Please complete this questionnaire before your travel appointment with a nurse and preferably return this to the nurse before your appointment. It is advisable to make an appointment at least 6 weeks prior to travelling as multiple appointments may be required and some vaccines take time to become effective. Please complete one form per person travelling.

SOME PRIVATE PRESCRIPTIONS AND VACCINES ARE CHARGEABLE, YOU WILL BE INFORMED OF ANY CHARGES BEFORE THESE ARE PROVIDED

Please list in sequence the countries and regions you plan to visit, the accommodation (hotel, hostel, self catering), and the activities you intend to partake in (eg safari, trekking, jungle expeditions)

Dates	Country	Region	Accommodation	Activities

Are you pregnant, planning a pregnancy or breastfeeding?			
Allergies: (including Eggs, previous vaccinations)			
Long term medical conditions:			
Regular Medication: (including contraception, steroids)			

PREVIOUS VACCINATIONS (including boosters – if known)

	Yes/No/Do n't know	Date(s)	Office use - Given		Yes/No/Do n't know	Date(s)	Office use - Given
Tetanus				Meningitis A/C			
Polio				Yellow fever			
Hepatitis A				Cholera			
Hepatitis B				Rabies			
Typhoid				Jap B Enceph			
MMR							

Previous Malaria tablets (circle) :	None / Malarone/ Mefloquine (Larium) / Chloroquine & Proguanil (Paludrine)/Doxycycline / other _____
Office Use – Tabs given:	NURSE SIGNATURE: _____ DATE: _____

I confirm the above answers to be correct to the best of my knowledge and request immunisation and advice as appropriate to my trip together with advice on anti-malarial drugs.

PATIENT'S SIGNATURE _____ DATE _____
 (Parent if under 16)

REMEMBER, IT IS YOUR RESPONSIBILITY TO MAKE AN APPOINTMENT TO DISCUSS THIS FORM WITH A NURSE AFTER YOU SUBMIT THIS QUESTIONNAIRE