

# IVY GROVE SURGERY

## **Travel Questionnaire**

If you are thinking of travelling abroad, please think well ahead. Our Practice Nurse will be pleased to advise you. Please complete this page of information as accurately as possible. It must be returned to reception before you can book your appointment with the Nurse.

Please use a separate form for each person travelling-.

Date of Departure:
Full Name:
Address:
Date of Birth:
Telephone No.
Mobile No.

Destination(s) – Country & Area (including stop-overs)	Length of stay	Accommodation	Activities	Area (please tick)	
Eg. China, Beijing		Eg. Hotel, Hostel, Camping	Eg. Holiday, Business, Backpacking.	Urban only	
				Urban & rural	
				Rural only	

Will you be pregnant, breastfeeding, or planning pregnancy during or immediately after travel?	YES/NO	
Are you on steroid/cancer therapy?	YES/NO	
Have you any medical conditions eg. Diabetes/Asthma? If yes please state -	YES/NO	
Have you had any previous reactions to vaccines? If yes – which vaccine? -	YES/NO	
Are you allergic to any medicine, eggs or antibiotics?	YES/NO	
Are you taking any medication at present? If yes please state -	YES/NO	
Have you had any immunisations outside Ivy Grove Surgery which may not be in your medical notes? If yes please give dates: -	YES/NO	
Tetanus -	Polio -	Typhoid -
Hepatitis A -	Hepatitis B -	Yellow Fever -
Others -		

I confirm the above answers to be correct to the best of my knowledge and consent to having the vaccines listed overleaf given to me at Ivy Grove Surgery.

Patient Signature	Date
(parent to sign if under 16 years old)	