

Shrivenham Travel Clinic
Elm Tree Surgery, High Street, Shrivenham, SN6 8AG
Travel Health Questionnaire

Your Personal Information

Title:

Your First Names:

Your Surname:

Date of Birth:

Contact Details:

Home Telephone number:

Work Telephone number:

Mobile telephone number:

Your GP, Address and Telephone Number:

Travel Information

Date of Departure:

Date of Return or overall length of trip:

Country to be visited	Length of stay	Away from medical help? If so how remote?
1		
2		
3		
4		

Personal Medical History

Do you have any past medical history of note – in particular, epilepsy, fits, etc?

List any current medication

Do you have any known allergies – for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine?

Do you have any history of mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Are you pregnant or planning a pregnancy?

Is there any other information that you think might be relevant?

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and, if so, when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	

Any Other Vaccinations?

Malaria Tablets?