Contacted YES/NO DATE____________________
Appointment Date ____/____/_____Time_______

The Terrace Medical Practice Travel Health Questionnaire

*We require at least **6-8 weeks** notice in order to plan vaccination schedules. This is because some vaccines require up to 3 doses to be given over several weeks and can therefore take some time to become effective. Please bring any records you may have of previous immunisations to your appointment with you.*

NAME:	**DOB:**
ADDRESS:	**TELEPHONE Number / EMAIL** **LANDLINE :** **MOBILE:** **EMAIL:**
DATES OF TRAVEL: **Outgoing:** **Return:**	**REASON FOR TRAVEL: (please tick all applicable)** **Holidays** **Business** **Visiting Family/Friends**
DESTINATIONS SCHEDULE: (Including Cities and Stopovers):	**TYPE OF ACCOMMODATION: (please tick all applicable)** **Hotel** **Hostel** **Staying with family and/or friends** **Backpacking** **Trekking** **Cruise**
MEDICAL HISTORY:	**CURRENT MEDICATION:**
ALLERGIES:	

DECLARATION:

I CONFIRM THAT THE DETAILS STATED ABOVE ARE CORRECT AT TIME OF COMPLETION OF FORM ☐

I CONFIRM THAT I AM NOT PREGNANT ☐

SIGNED:____ **DATE:**________________________

For further information, please go to:

NaTHNaC: www.travelhealthpro.org.uk - Fit for travel: www.fitfortravel.nhs.uk/home.aspx

Health Protection Scotland: www.hps.scot.nhs.uk

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DATE FORM RECEIVED: _________________ **DATE ASSESSED BY NURSE:** _______________________

APPOINTMENT REQUIRED: 10mins 20mins 30mins NOT REQUIRED

COMMENTS -

	Date last Vaccinated	Recommended Vaccines	Vaccines given	Batch No.	Given By	Next due
Diphtheria						
Tetanus						
Polio						
Hepatitis A						
Typhoid						
Men ACWY						
MMR						
Hepatitis B						
Rabies						
Jap B						
Yellow Fever						
OTHER						

RISKS DISCUSSED: (For completion by Practice Nurse)

Bite Avoidance	☐	Schistosomiasis	☐	Food/Water Hygiene	☐
Insurance/Accidents	☐	Bloodborne Viruses	☐	Sun Protection	☐
Rabies	☐	Zika	☐	Dengue	☐

MALARIA PROPHYLAXIS ADVISED:

Chlororoquine	☐	Proguanil	☐	Doxycycline	☐
Atovaquone/Proguanil	☐	Mefloquine	☐	None	☐