

TRAVELLER'S HEALTH QUESTIONNAIRE

Name _____
D.O.B. _____
Address _____
Tel. No. _____
Departure Date _____
Duration of Trip _____
Countries being visited (Incl. Stopovers) and how long in each country? _____

Have you had a reaction to any previous vaccinations? : YES / NO
Are you allergic to eggs? YES / NO
" " " antibiotics? YES / NO
Are you on steroid tablets? YES / NO
Recent treatment for cancer? YES / NO
Are you pregnant or likely to be in the next 3 months? YES / NO

VACCINATIONS NEEDED THIS TRIP
THE NURSE WILL COMPLETE THIS PART

Type of Trip :
Organised Package Holiday [] Business []
Pleasure [] Self organised []
Back-packing [] Voluntary []
Charity Work [] Visiting Family []
Medical Elective []
Accommodation - hotels, hostels, camping?
Good [] Basic [] Poor []

MALARIA QUESTIONNAIRE

Have you ever had a convulsion or seizure? YES/NO
Have you ever suffered from any of the following :
a). Depression YES/NO
b). Anxiety YES/NO
c). Panic attacks YES/NO
d). Psychiatric conditions YES/NO
e). Kidney problems YES/NO
f). Liver Problems YES/NO

Coastal _____
Jungle _____
Safari _____
High Altitudes _____

Do you suffer from Psoriasis YES/NO
Are you taking any prescribed medicines including the Contraceptive Pill YES/NO

Previous vaccination dates
Yellow Fever _____
Hepatitis A _____
Hepatitis B _____
Typhoid _____
Tetanus _____
Diphtheria _____
Polio _____
Meningitis _____
Rabies _____
Jap. B. Encephalitis _____
Tick Borne Encephalitis _____
B.C.G. _____

University Examination Dates _____

I consent to vaccinations

Signature _____
Date _____