**The Avenues Medical Centre - Travel Questionnaire**

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| **Name** |  | **Date of Birth** |  |
| **Contact telephone number** |  | **Male** **Female**  |
| **Email address** |  |

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| **Date of Departure** |  | **Date of Return** (or overall length of trip) |  |

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| **Countries to be visited** | **Exact location or region** | **City or Rural** | **Length of stay** |
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| **Type of trip** | Business  | Pleasure  | Other  |
| **Holiday type** | Package Backpacking  | Cruise ship Trekking  | Camping Self organised  |
| **Accommodation** | Hotel  | Relatives/family home | Other  |
| **Travelling** | Alone  | With family/friend  | In a group  |
| **Planned activities** | Safai  | Adventure  | Diving  |

***Please list any current medication:***

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| **Do you have any recent or past medical history of note (including diabetes, heart, lung or kidney conditions)?** |  |
| **Do you have any allergies (*e.g.* eggs, antibiotics, nuts)?** |  |
| **Have you ever had a serious reaction to a vaccine given to you before?** |  |
| **Does having an injection make you feel faint?** |  |
| **Do you or any close family members have epilepsy?** |  |
| **Do you have any history of mental illness including depression or anxiety?** |  |
| **Have you recently undergone radiotherapy, steroid treatment or chemotherapy?** |  |
| **Are you pregnant, planning a pregnancy or breastfeeding?** |  |
| **Any surgical operations in the past, including e.g spleen or thymus gland removed?** |  |
| **Do you have any bleeding/clotting disorders (including history of DVT)?** |  |
| **Any other recent or past history of note (including neurological, gastrointestinal, immune conditions)?** |  |

***Have you had any of the following vaccines and if so, when:***

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| **Tetanus** |  | **Polio** |  | **Diphtheria** |  | **Cholera** |  |
| **Typhoid** |  | **Hepatitis A** |  | **Hepatitis B** |  | **Pneumococcal** |  |
| **Meningitis** |  | **Yellow Fever** |  | **Influenza** |  | **Other** |  |
| **Rabies** |  | **Jap B Enceph** |  | **Tick Borne Enceph** |  |  |  |