

Craneswater Group Practice

Travel Questionnaire

Personal Details

Name: * Sex: Female Male
Date of Birth: * Postcode: *
Daytime Tel: *
Email: *

Trip Dates

Departure: * Duration: *

Itinerary

Country *	Duration *	Availability of Medical Help (i)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Trip Description - please tick all appropriate boxes:

Purpose of Trip: Business Pleasure Other
Type of Trip: Package Self-Organised Backpacking
 Camping Cruise Ship Trekking
Accommodation: Hotel Friends/Family Other
Travelling: Alone With Friend/Family In a Group
Location Type: Urban Rural Altitude
Activity Type: Safari Adventure Other

Personal Medical History

List all chronic medical conditions that you have (eg. diabetes, heart or lung conditions)

List all allergies that you have (eg. eggs, nuts, antibiotics)

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

List all of your current medications (including oral contraception)

Have you recently suffered from any infection (e.g heavy cold, flu or high temperature)? Yes

Does having an injection cause you to feel faint? Yes

Do you or any close family members have epilepsy? Yes

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

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes

Have you taken out travel insurance? Yes

If you have a medical condition, have you told your insurance company about it? Yes

Are you pregnant, planning pregnancy or breast feeding? Yes

Write below any further information that might be relevant

Vaccination History

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

Tetanus Yes

Polio Yes

Diphtheria Yes

Typhoid Yes

Hepatitis A Yes

Hepatitis B Yes

Meningitis Yes

Yellow Fever Yes

Influenza Yes

Rabies Yes

Jap B Enceph Yes

Tick Borne Yes

Malaria Tablets Yes

Other