Pre-travel questionnaire

Please answer as fully as you can. Your information will be treated confidentially.

01 Personal details

Full name

Date of birth

Correspondence address

Telephone (work)

Telephone (home / mobile)

Email address

02 Travel details

Departure date

Return date

Destinations

Include all anticipated stops.

Country	Town / region	Urban / rural	Accommodation	Duration

Accommodation codes: C Camping / H Hotel / F Friends or family / B Backpacking or hostel / O Other

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03 Purpose & activities

Purpose of travel

- ☐ Holiday
- ☐ Business
- ☐ Religious travel
- ☐ Elective medical care
- ☐ Aid work
- ☐ Visiting friends or family
- ☐ Other: _____

Planned activities

- ☐ Trekking / camping
- ☐ Backpacking / overlanding
- ☐ Package holiday
- ☐ Cruise
- ☐ Climbing / high altitude
- ☐ Safari
- ☐ Healthcare work
- ☐ Sports / diving
- ☐ Other: _____

04 Travel planning

Who are you travelling with?

☐ Alone ☐ Family / friends ☐ Organised group

How have you organised your trip?

☐ Myself ☐ Travel agent ☐ Voluntary organisation

☐ Work ☐ Other: _____

05 Medical history

Do you have any medical conditions that may affect your trip? ☐ Yes ☐ No

If yes, please give details:

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05 Medical history (continued)

Do you take regular medication, including inhalers? ☐ Yes ☐ No

If yes, please list your medication:

Do you have any allergies?

Please tick Yes or No for each and give details where relevant.

Medication	☐ Yes ☐ No	Details:	
Food	☐ Yes ☐ No	Details:	
Eggs	☐ Yes ☐ No	Details:	
Other	☐ Yes ☐ No	Details:	

Pregnancy and contraception

Are you pregnant, planning pregnancy or breastfeeding? ☐ Yes ☐ No

Do you use an oral contraceptive pill? ☐ Yes ☐ No

If yes, which one?

06 Vaccination history

As far as you know, did you receive the standard UK childhood vaccinations?

☐ Yes ☐ No

Have you ever had a reaction to a vaccine? ☐ Yes ☐ No

If yes, please give details:

Please bring any vaccination record to your appointment.

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07 Vaccinations received

Vaccine	Full course	Booster	Date received
DTP (diphtheria, tetanus, polio)	☐	☐	_____
TD (tetanus, diphtheria)	☐	☐	_____
Tetanus alone	☐	☐	_____
Typhoid	☐	☐	_____
Hepatitis A	☐	☐	_____
Hepatitis B	☐	☐	_____
Meningococcal group C	☐	☐	_____
Meningococcal groups A, C, Y, W135	☐	☐	_____
Pneumococcal	☐	☐	_____
Yellow fever	☐	☐	_____
Influenza (flu)	☐	☐	_____
Rabies	☐	☐	_____
BCG (tuberculosis)	☐	☐	_____
Other: _____	☐	☐	_____
Other: _____	☐	☐	_____

08 Insurance & questions

Have you taken out travel health insurance? ☐ Yes ☐ No

Questions about your health during travel:

_____

Declaration

I confirm that my answers are true to the best of my knowledge. I understand that the advice and vaccination recommendations I receive will be influenced by the answers I provide.

Signature _____ Date _____ Name (print) _____