

**THIS FORM SHOULD BE COMPLETED  
AT LEAST 3 MONTHS BEFORE TRAVEL**

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## **PATIENT TRAVEL QUESTIONNAIRE**

Going abroad on holiday or business? You may need travel vaccinations depending on the country or countries you intend to visit.

To help us advise you on the protection you need, please complete the following questions. The practice nurse will then contact you by telephone or letter and advise you of what vaccines you require.

The Health Centre only offers those travel vaccinations provided by the NHS:

**Revaxis (Diphtheria/Tetanus/Polio)**

**Hepatitis A**

**Typhoid**

**Cholera**

You may be signposted to other providers for vaccinations and treatment not available on the NHS.

When you have completed this questionnaire return it to us as soon as possible to the practice.

**Please complete one form per traveller.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Date of birth \_\_\_\_\_

1. Which countries, in sequence, do you intend to visit? **(Include stopovers and be specific about the areas you are visiting)**

\_\_\_\_\_

2. Will you be staying in hotels or in more basic accommodation?

\_\_\_\_\_

3. Are you visiting friends or relatives?

\_\_\_\_\_

4. Do you plan any safaris, jungle exploration or travel in difficult terrain?

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5. Departure date

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6. Duration of stay

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7. Have you ever had any of the following vaccinations and if so when?

BCG	[ ]	Tick borne encephalitis	[ ]
Hepatitis A	[ ]	Tetanus	[ ]
Hepatitis B	[ ]	Typhoid	[ ]
Influenza	[ ]	Yellow fever	[ ]
Japanese encephalitis	[ ]	Meningitis	[ ]
Childhood vaccinations including polio and diphtheria	[ ]		

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8. Are you allergic to anything?

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9. Are you taking any medication?

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10. Do you suffer from a chronic illness such as heart disease, asthma or diabetes?

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11. Are you pregnant, breast feeding or immunosuppressed?

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**Please refer to the fit for travel website for further advice [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)**

*This information in this leaflet is in no way intended to replace the professional medical care, advice, diagnosis or treatment by a doctor. If you notice medical symptoms or feel ill you should consult your doctor.*

**Patient consent**

I have received and understood the advice given to me concerning:

Travel vaccination recommendations

General preventive measures – bite prevention, water purification and sexual health

I consent to the administration of the vaccinations outlined above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Practice Use**

Vaccine	Previous Vaccinations	Vaccination Recommended	Cost	Declined by patient	Given By	Date
BCG			Private			
Cholera			NHS			
Revaxis(Dip/Tet/Polio)			NHS			
Hepatitis A			NHS			
Hepatitis B			Private unless combined with Hep A			
Influenza (Seasonal and subject to eligibility)			NHS			
Japanese Encephalitis			Private			
Meningococcal ACWY			Private			
Rabies			Private			
Tick borne encephalitis			Private			
Typhoid (oral)			NHS			
Typhoid polysaccharide			NHS			
Yellow fever			Private			
Anti-malarial prophylaxis (specify recommendation)			Private			