

Travel Pre Assessment Questionnaire

TO BE COMPLETED BY THE TRAVELLER

Name: DoB:/...../.....

Address:.....

Travel details

Departure date: / / . Total trip duration:.....days/weeks

Country/Origin of destination: 1.....days/weeks.....

More than 1 destination:

2.....& days/weeks.....

3.....& days/weeks.....

(Continue on a separate sheet if required)

Stopover airports (time in hours).....hours

Personal Information (Please complete to the best of your knowledge)

Allergies (eg. nut, eggs, antibiotics).....

Current health problems (eg. diabetes, heart or lung conditions)
.....

Current medication (inc.contraception).....

Any recent infection (eg. Heavy cold, flu, high temperature) Y/N.....

Pregnant Y/N Number of weeks?.....Planning pregnancy? Y/N

Breast feeding? Y/N

Holiday Type

(Please circle your choice) Family/package holiday, business less than 3 months, business more than 3 months, volunteering/aid worker, backpacking, safari, cruise, other – please give details.....

Will you be more than 24 hours from medical assistance/Hospital during your trip? Y/N

Areas to be visited, please circle all that apply: Urban, Rural, Altitude (above 3000m), Beach, other – please give details.....

Accommodation (please circle choice) Good, Basic, Poor, Not known.

Are you planning any high risk activities? (eg. Mountain climbing, water sports etc)

Vaccination history

Have you had any of the following vaccinations? Please complete to the best of your knowledge, including date (particularly if you have had any vaccinations at a private travel clinic as this data may not be held locally).

Tetanus...../...../.....	Diphtheria...../...../.....
Hepatitis A...../...../.....	Meningitis...../...../.....
Influenza...../...../.....	Jap b Encephalitis...../...../.....
Malaria tablets...../...../.....	Polio...../...../.....
Typhoid...../...../.....	Hepatitis B...../...../.....
Yellow Fever...../...../.....	Rabies...../...../.....
Tick Borne...../...../.....	Other...../...../.....

ADMIN ONLY

Date Received:	Action Required/Taken:
Date Scanned:	
Nurse Signature:	Patient Informed/Appt Made:

