

Travel Questionnaire - Ancrum ONE, Drs, Arthur, Arthur, Clarke & Sinclair

Name:	DOB:	Age:
Address:	Tel No:	Sex: Male / Female
Departure date:		

Travel details	Country & Region or City	Duration of stay: (days)
First destination		
Second destination		
Third destination		
Fourth destination		
		Total duration: days

Type of trip:	
Please circle any that apply	<ul style="list-style-type: none"> • Package holiday • Cruise • Backpacking or expedition • Business or Work related • Voluntary/charity work • Visiting family or friends <p>Other, please state:</p>

Other Questions:
Will you be staying in a remote or rural area with little access to medical care? Yes / No
Are you pregnant? Yes / No / Not applicable
Please list any special travel needs or disabilities:
Please list any previous allergies or problems you have had with vaccines or malaria tablets:

Please list any vaccinations given outside this practice:	
Date	Vaccine

The Practice nurse will call you to discuss your travel needs. Please indicate convenient times to call.	
Mon	am / pm
Tues	am / pm
Wed	am / pm
Thurs	am / pm
Fri	am / pm

Please return the completed questionnaire to the Practice receptionist. Our nurse will contact you within one week. Make sure you have completed a form for each person who needs travel advice, vaccination or malaria prophylaxis.