

Travel Questionnaire

Personal details

Name: Sex: Male/Female

Date of birth Postcode:

Daytime tel:

Email

Trip dates

Departure: Duration:

Itinerary

Country	Duration	Availability of Medical Help
.....
.....
.....
.....
.....
.....

If you will be travelling to a place where medical help is not readily on hand, estimate how long it would take to reach a doctor

Trip description – please circle 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 friends/family	In a Group
Location type:	Urban	Rural	Altitude Over 3000m or 10,000ft
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 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