



# PEN Y BONT SURGERY

## TRAVEL CLINIC



### INITIAL TRAVEL QUESTIONNAIRE FORM

This form must be completed fully prior to your appointment to ensure we can provide you with accurate information and healthcare before you travel.

Please note that vaccines often need to be ordered into the practice, so you may need to attend on a separate date for administration of some vaccines, if those that you require are not in stock.

Not all vaccinations are provided on the NHS and a schedule of fees applies for this service, which may include an administration fee. The most up to date version of which can be found on our website.

Fees must be paid in advance of your appointment.

#### For Pen Y Bont Nursing Staff Use Only

Administration Fee: **Y / N**

Vaccines to be Ordered:

Proof of Vaccination Certificate  
Required: **Y / N**

Total Fee (if  
applicable):

£

# Travel Questionnaire

## Personal details

Name: ..... Sex: Male/Female

Date of birth ..... Postcode: .....

Daytime tel: .....

Email .....

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## Trip dates

Departure: ..... Duration: .....

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## 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

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## 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<br>Over 3000m or 10,000ft |
| Activity type:   | Safari      | Adventure           | Other                              |

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## Personal medical history

List all chronic medical conditions that you have (eg. diabetes, heart or lung conditions)

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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

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.....

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## 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        | .....     |