



St Heliers Health Centre
Pre-travel questionnaire

Name: _____

Date of birth: _____

Are you up to date with your childhood vaccinations? *(please circle)*

NO YES NOT SURE

PREVIOUS TRAVEL

Have you had previous travel vaccines? *(please circle)*

NO YES - please document dates and vaccines *(as best you can)*

Date: _____ Vaccine: _____

Date: _____ Vaccine: _____

Date: _____ Vaccine: _____

Date: _____ Vaccine: _____

TRAVEL ITINERARY

Departure date: _____

Who are you travelling with? _____

What are the reasons for your travel? *(e.g holiday, business, volunteer work)* _____

Are your travel plans (flights, accommodation, transfers, activities) booked yet? _____

What countries are you going to and where will you be staying?

Destination	Type of accommodation <i>eg. Hotel, relative</i>	Is this mainly Rural / Urban?	Dates you will be there	Length of stay

Please tick any information you would like to discuss at your consult:

- | | | |
|---|---|---|
| <input type="checkbox"/> Personal Safety | <input type="checkbox"/> Bite and sting avoidance | <input type="checkbox"/> Food and water safety |
| <input type="checkbox"/> Travel Insurance | <input type="checkbox"/> Medical kits | <input type="checkbox"/> Travel certificate for medications |
| <input type="checkbox"/> Sexually transmitted disease | <input type="checkbox"/> Travel websites | <input type="checkbox"/> Other - _____ |