

# Barns Medical Practice Travel Health Questionnaire



*One form to be completed per traveller*

Name:		Date of Birth:			
Address:		Male :			
		Female:			
Email:		Contact Number:			
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>					
Date of Departure:			Total Length of Trip:		
Country to be visited	Exact Location	City or Rural		Length of Stay	
1.					
2.					
3.					
4.					
5.					
<b>Type of Trip</b> - Please provide details below to best describe your trip					
<b>Type of Trip</b>	Package		Self Organised		Backpacking
	Camping		Cruise Ship		Trekking
<b>Reason for Travel</b>	Business		Pleasure		Other
<b>Accommodation</b>	Hotel		Camping		Family/Friends
<b>Travelling</b>	Alone		Family/Friends		Group
<b>Type of Area</b>	Urban		Rural		Altitude
	Coastal		Inland		Jungle
<b>Planned Activities</b>	Safari		Adventure		Other
<b>PERSONAL MEDICAL HISTORY</b>					
Please list any medication you are currently taking:					
Please supply information on any vaccines or malaria tablets taken in the past					
Tetanus/Polio/Diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow Fever		BCG		Other	
Malaria Tablets					

	Yes	No	Details
Are you allergic to anything? (e.g. eggs, nuts, antibiotics) If so, please specify:			
Have you ever had a reaction to any vaccine or tablets given? If so, please specify:			
Tendency to faint with injection			
Any surgical operations in the past, including e.g spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/Clotting disorders (including DVT)			
Heart disease e.g. angina, high blood pressure			
Diabetes			
Disability			
Epilepsy/Seizures			
Gastrointestinal (stomach) complaints			
Liver or kidney problems			
HIV/AIDS			
Immune System condition			
Mental Health issues (including anxiety, depression)			
Neurological(nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other Conditions?			
<b>Women Only:</b> Are you pregnant or breastfeeding?			

You could visit the following website for more information ahead of your trip – [www.fitfortravel.co.uk](http://www.fitfortravel.co.uk)

Signed:

Date:

FOR OFFICE USE ONLY			
Is the patient fit and well today?		Yes	No
Name of Vaccine	Dose	Batch Number	Site given

**Vaccine given by:**

**Doctor's Signature:**

**Date:**