

**WESTBANK PRACTICE TRAVEL QUESTIONNAIRE**  
 Travel Health info also available online at <www.fitfortravel.scot.nhs.uk>

<b>NAME:</b>	<b>DoB:</b>
<b>Address:</b>	<b>Contact Tel:</b>
<b>Departure date:</b>	<b>Duration of stay:</b>

Please complete this questionnaire before your travel appointment with a nurse and preferably return this to the nurse before your appointment. It is advisable to make an appointment at least 6 weeks prior to travelling as multiple appointments may be required and some vaccines take time to become effective. **If you are travelling outside Europe for more than 2 weeks you need to book a double appointment.** Please complete one form per person travelling.

**THERE IS A CHARGE OF £10 FOR A PRIVATE PRESCRIPTION, ALSO SOME VACCINES ARE CHARGEABLE. YOU WILL BE ADVISED OF THIS AT YOUR APPOINTMENT.**

Please list in sequence the countries and regions you plan to visit, the accommodation (hotel, hostel, self catering), and the activities you intend to partake in (eg safari, trekking, jungle expeditions)

Dates	Country	Region	Accommodation	Activities

<b>Are you pregnant, planning a pregnancy or breastfeeding?</b>			
<b>Allergies:</b> (including Eggs, previous vaccinations)			
<b>Long term medical conditions:</b>			
<b>Regular Medication:</b> (including contraception, steroids)			

**PREVIOUS VACCINATIONS (including boosters)**

	Yes/No/D on't know	Date(s)	Office use - Given		Yes/No/D on't know	Date(s)	Office use - Given
Diphtheria				Meningitis A/C			
Tetanus				Yellow fever			
Polio				Cholera			
Hepatitis A				Rabies			
Hepatitis B				Jap B Enceph			
Typhoid				MMR			

<b>Previous Malaria tablets (circle) :</b>	<b>None / Malarone/ Mefloquine (Larium) / Chloroquine &amp; Proguanil (Paludrine)/Doxycycline / other _____</b>
<b>Office Use – Tabs given:</b>	<b>NURSE SIGNATURE:</b>
<b>DATE:</b>	

I confirm the above answers to be correct to the best of my knowledge and request immunisation and advice as appropriate to my trip together with advice on anti-malarial drugs.

PATIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 (Parent if under 16)

**REMEMBER, IT IS YOUR RESPONSIBILITY TO MAKE AN APPOINTMENT TO DISCUSS THIS FORM WITH A NURSE AFTER YOU SUBMIT THIS QUESTIONNAIRE**