

The Nightingale Practice - Travel Questionnaire

Our aim is to provide you a comprehensive service, which includes giving you up to date information on disease risks and other hazards of overseas travel. To enable us to provide this service please supply us with the following information.

Surname:		Date of Birth:		
First Name:		Tel no Home:		
Address:		Work:		
		Mobile:		
Countries to be visited	Date of Travel	Length of stay	Purpose of visit (see below)	Journey type (see below)
Purpose of visit A Holiday B Business C Live				
Journey type A Rural/camping B Hotel C Hotel/Safari D Back packing E Visit Family/friends				

Health Check	Yes	No
Do you have any medical problems?		
Are you allergic to anything?		
Have you ever had an allergic reaction to an injection before?		
Are you likely to be pregnant?		

Have you ever had any of the following immunisations? Please tick and give dates

Immunisation	Tick	Date	Immunisation	Tick	Date	Immunisation	Tick	Date
Hepatitis A			Diphtheria			Influenza		
Hepatitis B			Polio			Rabies		
Meningitis A			Typhoid			Yellow fever		
Meningitis C			Tetnus					
Measles			Japanese B Encephalitis					

Patient Consent:

I confirm that the above information is true and correct and that I agree to the advice given to me concerning:

	Tick
Travel vaccination requirements	
Anti malarial prophylaxis	
General preventative measures	

I also consent to the administration of the vaccinations, which have been discussed with me and are shown overleaf:

Signed:

Date:

Vaccinations required to be completed by Nurse:

Vaccinations	Date	Batch No	Reation Y/N	Given by
Tetanus, Diptheria, Polio				
Hep A + Hep B				
Typhoid				
Hep A + Typhoid				
Yellow Fever				
Rabies				
Hepatitis A				
Hepatitis B				
Inflenza				
Meningitis ACWY				

Malaria (prophylaxis)

Mefloquinne	
Proguanil	
Chloroquine	
Malarone	
Doxycycline	

General preventative measures

Discussed

Bite prevention	
Food & Water Hygeine	
Travellers Diarrhoea	
Travel Insurance	

Nurse Signature:

Date:

Please note that the following travel vaccinations are non NHS and you will be charged for them.

ACWY MEN C £45

Yellow Fever £50

Rabis £11.00 Private prescription fee) Plus pharmacy charge

Japanese Encephalitis £11.00 Private prescription fee) Plus pharmacy charge