



## Travel Vaccination Questionnaire South Coast Medical Group

The first step is to check the NHS Fit For Travel website ([www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)) and look up your destination country. Please check there is enough time to get all of the vaccinations you need before you go. Some vaccines need to be given well in advance of travel, and others may need to be ordered specially. Next, you need to complete a travel vaccination questionnaire, and submit it to us for review (email or drop it off at surgery). Then you need to make a Telephone Appointment with the Travel Nurse, who will either give advice on what is needed or book an appointment for vaccinations.

Please complete this form as accurately as you're able. The information you provide will help us determine what vaccines you may require. Only submit a completed form once you have finalised your trip and confirmed dates.

|                                 |                             |
|---------------------------------|-----------------------------|
| FIRST NAME <i>(Required)</i>    | LAST NAME <i>(Required)</i> |
| DATE OF BIRTH <i>(Required)</i> | PHONE                       |
| EMAIL                           |                             |
| ADDRESS <i>(Required)</i>       |                             |
| CITY                            | POSTCODE                    |

### Your Travel Plans

|   |                                  |                |
|---|----------------------------------|----------------|
| TYPE OF ACCOMMODATION <i>(Required)</i> | LENGTH OF TRIP <i>(Required)</i> | DEPARTURE DATE |
| DESTINATION(S) <i>(Required)</i>        |                                  |                |

## Your Health

Do any of the following apply?

- |   |  |
|---|--|
| <input type="checkbox"/> Pregnant                     | <input type="checkbox"/> Taking regular medication |
| <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Cancer treatment          |
| <input type="checkbox"/> Taking steroids              | <input type="checkbox"/> HIV positive              |
| <input type="checkbox"/> Bad reaction to vaccinations |  |

Please detail any reactions to vaccines

## Previous Vaccinations

|                          |                       |                         |
|--------------------------|-----------------------|-------------------------|
| Yellow Fever             | Typhoid               | Rabies                  |
| Tetanus/Polio/Diphtheria | Meningitis            | Hepatitis A             |
| Hepatitis B              | Cholera               | Immunoglobulin          |
| Pneumococcal             | Japanese Encephalitis | Tick-Borne Encephalitis |

Please detail any other vaccinations you have had

- I confirm this information is correct to the best of my knowledge *(Required)*