**PENN SURGERY TRAVEL VACCINATION QUESTIONNAIRE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please complete this form and return it to reception**  \**must be completed 8 weeks prior to appointment* / travel | | | | | |
| **Name** | | | **Date of birth** | | |
| **Address** | | | **Telephone number** | | |
| **Destinations: Country and resort** (please include any stop-overs and areas to be visited) | | | | | |
| **Date of travel** | | **Length of stay** (days) | | | |
| **Accommodation** | Hotel Camping Hostel Cruise Other | | | | |
| **Any additional information** |  | | | | |
| **Medical History** | | | | | |
|  | | | **YES** | **NO** |  |
| Are you fit & well today | | |  |  |  |
| Severe reaction to a vaccine before | | |  |  |  |
| Tendency to faint with injections | | |  |  |  |
| Any surgical operations in the past, including e.g your spleen or thymus gland removed | | |  |  |  |
| Recent Chemotherapy, Radiotherapy, organ transplant | | |  |  |  |
| Anaemia | | |  |  |  |
| Bleeding / clotting disorders (including history of DVT | | |  |  |  |
| Heart disease (e.g. angina or high blood pressure) | | |  |  |  |
| Diabetes | | |  |  |  |
| Disability | | |  |  |  |
| Epilepsy/seizures | | |  |  |  |
| Gastrointestinal / Stomach complaints | | |  |  |  |
| Liver or kidney problems | | |  |  |  |
| HIV / AIDS | | |  |  |  |
| Respiratory disease | | |  |  |  |
| Neurological disease | | |  |  |  |
| Rheumatology (joint) conditions | | |  |  |  |
| Spleen problems | | |  |  |  |
| Any other conditions ? | | |  |  |  |
| **Women only** | | |  |  |  |
| Are you pregnant? | | |  |  |  |
| Are you breastfeeding? | | |  |  |  |
| Are you planning a pregnancy whilst you are away? | | |  |  |  |

**Travel Vaccination Questionnaire**

\* *must be completed 8 weeks prior to travel*

I have answered these questions correctly and to the best of my knowledge

**Patient or Parent (Guardian) Name** …………………………………………………………………………………………………………………………….

**Signature**…………………………………………………………………………………………… **Date**……………………………………………………………….

**\***The surgery only provides a small number of travel vaccinations

\*There maybe a charge for some vaccines

**\***It is the patients` responsibility to contact the surgery after 5 working days for details of any immunisations or medications that may be required.

**Please note if any of the following applies to you**

1. You are travelling in less than 8 weeks
2. You are visiting several countries over a long period

WE ADVISE THAT YOU CONTACT A MASTA TRAVEL CLINIC FOR ALL YOUR TRAVEL VACCINE NEEDS - SEE BELOW

|  |  |
| --- | --- |
| MASTA Travel Clinic - Lloyds Pharmacy | TRAVEL VACCINATION CLINIC |
| **24-28 Dudley Street  Sedgley  Dudley  West Midlands  DY3 1SB**  **0330 100 4106** | **Pennfields Pharmacy**  **248 Jeffcock Road**  **Wolverhampton**  **WV3 7AH**  **01902 341300** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***\*Nurse to complete this section*** | | | | |
| **Disease Protection** | **(Required)**  **YES** | **(Required)**  **NO** | **Costs of vaccine** | **Comments** |
| **Hep A** |  |  | Free of charge |  |
| **Hep B** |  |  | £30 per vaccine *(course of 3)* |  |
| **Typhoid** |  |  | Free of charge |  |
| **Tetanus, Diphtheria & Polio** |  |  | Free of charge |  |