**PENN SURGERY TRAVEL VACCINATION QUESTIONNAIRE**

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| **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

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| --- | --- |
| 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 |  |