

## Newland Health Centre - Traveller's Questionnaire

Name		Date of Birth	
Contact telephone number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email address			

Date of Departure		Date of Return (or overall length of trip)	
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Countries to be visited	Length of Stay

Type of trip	Business <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Other <input type="checkbox"/>
Holiday type	Package <input type="checkbox"/>	Cruise ship <input type="checkbox"/>	Camping <input type="checkbox"/>
	Backpacking <input type="checkbox"/>	Trekking <input type="checkbox"/>	Self organised <input type="checkbox"/>
Accommodation	Hotel <input type="checkbox"/>	Relatives/family home <input type="checkbox"/>	Other <input type="checkbox"/>
Travelling	Alone <input type="checkbox"/>	With family/friend <input type="checkbox"/>	In a group <input type="checkbox"/>
Staying in an area which is	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>	Altitude <input type="checkbox"/>
Planned activities	Safari <input type="checkbox"/>	Adventure <input type="checkbox"/>	Other <input type="checkbox"/>

### Medical History:

Do you have any recent or past medical history of note (including diabetes, heart, lung or kidney conditions)	
Please list any current or repeat medications	
Do you have any allergies (e.g. eggs, antibiotics, nuts)	
Have you ever had a serious reaction to a vaccine given to you before	
Does having an injection make you feel faint	
Do you or any close family members have epilepsy	
Do you have any history of mental illness including depression or anxiety	
Have you recently undergone radiotherapy, steroid treatment or chemotherapy	
Are you pregnant, planning a pregnancy or breastfeeding	
Have you taken out travel insurance and if you have a medical condition, informed the insurance company	
Please give any further information which may be relevant	

### Have you had any of the following vaccines and if so, when

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne Enceph	
Cholera		Pneumococcal		Other	