

BERWICK SURGERY

TRAVEL VACCINATION QUESTIONNAIRE

Please complete this form and return it to the receptionist.
The Practice will contact you by phone to discuss your holiday requirements.

| | |
|-------------|----------------------|
| NAME | DATE OF BIRTH |
|-------------|----------------------|

| | |
|----------------|------------|
| ADDRESS | |
| | TEL |

DESTINATIONS – COUNTRY AND RESORT (Include any stopovers on the journey)

| | |
|--|-----------------------|
| REASON FOR TRAVEL <i>Holiday / Work</i> | LENGTH OF STAY |
|--|-----------------------|

| | |
|-----------------------|--|
| DATE OF TRAVEL | TYPE OF ACCOMODATION (e.g. hotel, self catering, camping, backpacking, etc) |
|-----------------------|--|

| | |
|----------------------------------|---|
| PLEASE LIST ANY ALLERGIES | PLEASE LIST ALL REGULAR MEDICATION |
|----------------------------------|---|

Are you **pregnant** or might you be before you travel? Yes / No

PREVIOUS INJECTIONS (Ask for help if you need it. State if you have had any previous adverse reactions)

| INJECTION | Yes / No | Date | INJECTION | Yes / No | Date |
|--------------|----------|------|----------------|----------|------|
| Tetanus | | | Hepatitis A | | |
| Polio | | | Hepatitis B | | |
| Rabies | | | Cholera | | |
| Yellow fever | | | Meningitis A/C | | |
| Tuberculosis | | | Malaria | | |
| Typhoid | | | | | |

Have you had a blood test for Hepatitis A or B? Yes / No

| | | |
|--------------------------|-------------|--|
| Patient signature | Date | |
|--------------------------|-------------|--|

Please add any additional information below: