

Courtenay Medical Travel Questionnaire

Surname:	First name:
DOB:	Age:
Email:	Phone:
Dates of Travel:	
We do not provide Yellow Fever Vaccinations- please visit this site to check if you visiting at risk countries https://www.fitfortravel.nhs.uk/advice/disease-prevention-advice/yellow-fever/yellow-fever-risk-areas	
Where are you going? Country / City? Please list below:	Dates:
Purpose of Travel? <i>ie Recreation, Tour, Cruise , Business, Volunteering in rural Africa</i>	
Will you be participating in any specific activities? (please circle) <i>ie Rural travel, Tramping, Mountain climbing, Scuba diving, River swimming, motorcycling or other.</i>	
Who are you travelling with?	
Any Specific health concerns?	
What Medical conditions do you have?	
What medications are you on?	
Are you up to date with routine Immunisations?	
What travel vaccinations have you had? What year? <i>If you have a written record of vaccinations you had elsewhere please attach copy of these with this document.</i>	
Have you had any vaccinations in the last 4 weeks?	
Have you ever had a serious reaction to a vaccination?	
Office use only Appointment type: Simple Complex Appointment Booked: _____	