

The University of Nottingham Health Service Pre Travel Questionnaire

PLEASE COMPLETE THIS FORM AND BRING IT TO YOUR APPOINTMENT
AND BRING ANY VACCINATION RECORDS WITH YOU AS WELL

Appointment date: _____
Appointment time _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM IN BLOCK CAPITALS

A: Personal details (Remember to let us know if you change your address in the future) E-Clinic ID: _____

Title	<input style="width: 95%;" type="text"/>	Day Time Phone	<input style="width: 95%;" type="text"/>
First Name	<input style="width: 95%;" type="text"/>	Mobile Phone	<input style="width: 95%;" type="text"/>
Middle Initials	<input style="width: 95%;" type="text"/>	Home Phone	<input style="width: 95%;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>	E-mail**	<input style="width: 95%;" type="text"/>
Date of Birth	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>	@	<input style="width: 95%;" type="text"/>
Nottingham Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
Town	<input style="width: 95%;" type="text"/>		
County	<input style="width: 95%;" type="text"/>		
Post Code	<input style="width: 95%;" type="text"/>		
Country	<input style="width: 95%;" type="text"/>		
Name of GP	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		

B: Travel details LIST ALL COUNTRIES TO BE VISITED ON THIS JOURNEY IN TRAVEL ORDER GIVING A LIVING CONDITION FOR EACH USING THE FOLLOWING KEY:

RURAL	Means rural travel, health / teaching work or long stays (over 2 months)
REASONABLE	Any town or city, stays over 4 weeks and less than 2 months, or organised rural excursions
TOURIST	Major cities and tourist areas, staying in 3 star hotels or better for less than 4 weeks

PURPOSE OF TRIP PLEASE CIRCLE: HOLIDAY / BUSINESS / HOLIDAY & BUSINESS / VISITING RELATIVES / EXPATRIATE / VOLUNTARY WORK

COUNTRY	LIVING CONDITION	DATE OF ARRIVAL
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/>

Will you be visiting areas of high altitude (e.g. Mountains)
YES/NO

Please enter: DATE LEAVING NOTTINGHAM
DATE LEAVING U.K.
DATE RETURNING TO U.K.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

C: List of vaccinations Please complete the following section on your immunisation history. If you don't have all the data to hand, don't worry. Use the 'Don't know' column and the nurse will discuss your requirements with you. Dates can be approximate. If you have a written record of any past vaccinations please bring it with you

DATE OF LAST IMMUNISATIONS FOR THE VACCINES LISTED BELOW:

CLINIC USE ONLY

	DATE LAST IMMUNISED	NEVER HAD	DON'T KNOW	CLINIC USE	Please indicate			B/PC Course Req.
					Req.	In-date	Doesn't want/GP	
Combined Diphtheria and Tetanus	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combined Hepatitis A and Typhoid	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese Encephalitis	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Dose Diphtheria	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis A + C	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis ACWY	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C (not usually indicated for travel)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio (Live, drop form on cube)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabies	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heaf Test	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB (BCG)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tick Borne Encephalitis	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typhoid	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow Fever	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any medical problems? If yes what are they?	
Are you taking any regular medications or treatment? If yes what are they?(please include contraceptives)	
Are you allergic to or have you reacted badly to antibiotics, eggs or previous vaccines ?	
Is there any possibility of you being pregnant now or of you trying for a pregnancy within 3 months of the end of your trip? Are you breastfeeding?	
Have you had any recent immunosuppressant treatment (chemotherapy, oral steroids, radiation) or do you suffer from a condition that may suppress your immune system(Lymphoma, Leukaemia, Hodgkin's Disease, HIV)	

View our web site's Travel page for useful information about before, during and after travel