

**Alma Medical Centre**

**Travel Health Questionnaire**

- Please complete this form and return it to Reception at **6 Weeks** prior to travel
  - Where possible make an appointment at **least four weeks before** you travel
  - A form should be completed for each person who will be travelling
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Date .....

Name ..... DOB.....

Address .....

.....

Telephone No: .....

1. Please list countries to be visited. Include any stopovers

Date of Departure	Country	Cities	Rural Areas	Coast	Length of stay

2. Will you be travelling to you destination by:

Aeroplane  Boat  Car  Train  Bus

3. Where do you intend to stay while abroad:

Hotel  Camping  Other: Please give details below

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4. What is the purpose of your travel?

Holiday       Work    What type of work?.....

Other: please give details .....

5. Please give details of any medical problems.

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6. Some vaccinations can damage an unborn child. Are you pregnant now or is it possible you could become pregnant within the next six months?

Yes       No

7. Do you take any tablets/medication?

No       Yes (please give details)

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Thank you for completing this form.

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**For completion at the Travel Clinic**

I confirm that all details given are accurate. That I have received and understood advice about the risks and benefits of travel vaccinations and that I consent to the Clinic Nurse administering the vaccinations discussed and agreed.

I have received advice about the need (or otherwise) for Malaria prophylactics

Signed ..... Date .....