

# Gaer Medical Centre Pre-Travel Questionnaire

This questionnaire is to give the nurse details of your forthcoming trip in order for her to give you the help and advice you need to keep yourself healthy. Fill in the questions and return to reception – please allow 48 working hours before contacting the nurse to discuss your vaccination requirements.

|                       |  |
|-----------------------|--|
| <b>Name:</b>          |  |
| <b>Date of Birth:</b> | <b>Contact No. (in case of emergency):</b> |

|                           |                        |
|---------------------------|------------------------|
| <b>Date of Departure:</b> | <b>Date of Return:</b> |
|---------------------------|------------------------|

| <b>I will be visiting the following countries</b><br>(please give details of the resort(s) / region(s) to be visited, in the order to be visited). Remember to list any countries you will be travelling through. | <b>Time in country</b><br>(days) | <b>Purpose of trip</b><br>e.g. business/holiday/visiting relatives | <b>Type of accommodation</b> e.g. hotel/hostel/campsite |
|---|----------------------------------|--|---|
|   |                                  |  |   |
|   |                                  |  |   |
|   |                                  |  |   |
|   |                                  |  |   |
|   |                                  |  |   |
|   |                                  |  |   |

## MEDICAL HISTORY

Please give details of any conditions that might affect your travel plans e.g. pregnancy, diabetes, heart problems, epilepsy, cancer, HIV/AIDS or allergies so we can give you the best advice.

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| <b>Current conditions:</b>   |
| <b>Allergies</b> e.g. eggs, antibiotics                                  |
| <b>Current medication, including oral contraceptives:</b>                |
| <b>Women only:</b> Are you pregnant, planning pregnancy or breastfeeding |

Please turn over

# TRAVEL HEALTH HISTORY

Please give details of any previous travel vaccinations and anti-malaria medications.

| Date | Vaccination | Comments<br>(please note if you experienced any problems) |
|------|-------------|---|
|      |             |   |

| Date | Anti-malarial | Comments<br>(please note if you experienced any problems) |
|------|---------------|---|
|      |               |   |

## REMEMBER

- A dental check-up now may prevent problems on your travels
- Make sure you have enough of any current medication to see you through the trip. This might include oral contraceptive pills, inhalers etc
- Get the right insurance for your destination and the activities you're planning to take part in. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one online ([www.dh.gov.uk](http://www.dh.gov.uk)), by phone (0845 606 2030) or by post using a form from the post office.  
N.B. The EHIC is not a substitute for adequate holiday insurance
- Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote)
- Find out about the region you are travelling to. The Foreign Office website contains information and advice on travel abroad, and advice on specific risks in specific countries ([www.fco.gov.uk](http://www.fco.gov.uk))

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Patient Signature.....Date.....

Print Name.....

Nurse Signature.....Date.....

Print Name.....