TRAVEL VACCINE QUESTIONNAIRE

THERE MAY BE A CHARGE FOR YOUR VACCINES, PLEASE ENSURE YOU HAVE CASH OR A CHEQUE WHEN ATTENDING

NAME……

ADDRESS…….

TEL NUMBER…….. **DATE OF BIRTH**…….

1) Which countries and areas do you intend to visit, including brief stopovers ?

……..

2) Will you be staying in: **Hotels** ☐ (Please click a box)

Camping ☐

Other ☐

3) Does your journey include **Coastal areas** ☐

Inland areas ☐

4) Do you plan any safaris, jungle exploring or travel in difficult terrain? **Yes/No**

5) Departure Date……..

6) Duration of stay abroad……..

7) Have you ever had any of the following vaccination : (please delete as appropriate)

Tetanus	**Yes/No**	Yellow Fever	**Yes/No**
Polio	**Yes/No**	Hepatitis	**Yes/No**
Typhoid	**Yes/No**		

8) Are you pregnant? **Yes/No**

9) Are you allergic to anything? **Yes/No**

If yes, please give details……
……..

10) Are you currently talking any medication? **Yes/No**

If yes, please give details ……

11) VACCINES REQUIRED

…….

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Cost for Vaccines, Prescriptions and Administration Charges £…….