

Travel Clinic Questionnaire

Name:	M / F	Date of Birth:
Contact telephone number(s)		

Destinations (Please be as specific as possible)

Location	Date of travel	Town/City	Rural	Wilderness	Length of Stay

Reason for Travel (please circle)

Tourism / Business / Safari / Visiting Family/Friends / Trekking / Medical Treatment

Other.....

Accommodation (please circle)

Hotel / Self Catering / Family Home / Hostel / Cruise Ship / Camping

Other.....

Will you be encountering poor sanitary conditions?
(This could mean for example lack of sewers or unsafe drinking water) Y / N

Will you be mixing closely with locals?
(for example in hostels, crowded train or bus) Y / N

Will you be more than 24 hrs away from a good hospital? Y / N

Will you be engaging in high risk activities?
(for example dangerous sports, piercing, tattooing, unprotected sex) Y / N

Will you be at staying at high altitudes? Y / N

Do you have any recent or past medical history of note?
Please give details:.....

Do you take regular medication, prescribed or purchased?
Please list them here:.....

Do you have any allergies e.g. to eggs, antibiotics, nuts? Y / N
Please give details:.....

Have you ever had a serious reaction to a vaccine which you have been given?
Please give details:.....

Do you, or any close family members, have epilepsy? Y / N

Do you have any history of mental illness including depression/anxiety? Y / N

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant, planning a pregnancy or breast feeding? Y / N

Have you taken out travel insurance and, if you have a medical condition, informed the insurance company about this? Y / N

Any other information you think may be important?
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Signed Date