

Litchdon Medical Centre

TRAVEL QUESTIONNAIRE

One questionnaire per patient please

Dear Patient

As you are due to travel abroad you may need vaccines to protect you against infectious illnesses/diseases – to enable us to give you the correct vaccine(s), please complete the following questionnaire:

Who is your GP? Dr:

Name:

Date of birth:

Address:

Contact telephone number:

Country/countries to be visited:

Date of departure:

Planned duration of stay:

Type of accommodation (eg hotel/hostel/camping):

Nature of holiday (eg backpacking/safari/voluntary):

Any known allergies?

On completion please return this form to reception – thank you
Reception will contact you by telephone if you require an appointment

For completion by Practice Nurse only:

Vaccines required:

Appointment required:	Yes	No
Appointment length:	10 mins	20 mins
Number of weeks before departure:	2-4	4-6