

Kenneth MacRae Medical Centre: Travel questionnaire

Name: _____ DOB: ____/____/____

Contact telephone number: _____

Itinerary:

Date of departure: ____/____/____

Date of return: ____/____/____

Country	Area/resort	Length of stay	Accommodation*
1.			
2.			
3.			

*Hotel/camping/ship/backpacking/trekking/other

Will you be more than 24 hours away from medical help? Yes No

Does your trip include safari/jungle/difficult terrain? Yes No

Previous immunisations:

Date:

Tetanus	
Polio	
Diphtheria	
Typhoid	
Hepatitis A	
Hepatitis B	
Rabies	
Yellow fever	
Other	

List of present medication: _____

Do you have any allergies? _____

Have you reacted badly to any previous immunisation? Yes No

Are you pregnant, planning a pregnancy or breast feeding? Yes No

Do you have any history of mental illness, including anxiety or depression? Yes No

Have you reacted badly to anti-malaria tablets in the past? Yes No

Have you recently undergone chemotherapy or radiotherapy? Yes No

Are you or have you recently been on steroid therapy? Yes No

Please add anything about your trip or yourself that you think might be relevant: _____
