

# Capelfield Surgery Travel Questionnaire

**THERE WILL BE A CHARGE FOR PRIVATE ANTI-MALARIAL PRESCRIPTIONS AND SOME OTHER VACCINES ARE ALSO CHARGEABLE.  
WE ARE UNABLE TO ACCEPT CARD PAYMENTS. CHEQUE OR CASH ONLY.**

<p>To assist us with your travel requirements:</p> <p>Please complete this form— one per person travelling. <b>Return it to us at least 6 weeks prior to travel.</b></p> <p>The nurse will contact you, probably by phone, to discuss which vaccinations, etc. are needed.</p> <p>Any appointments made for travel vaccinations need to be at least two weeks prior to travel to allow the vaccines time to be effective before travel.</p> <p>Thank you.</p>	<p><b>SURNAME:</b></p> <p><b>FORENAME:</b></p> <p><b>Date of Birth:</b></p> <p><b>TELEPHONE NUMBERS:</b></p> <p><b>Home:</b> .....</p> <p><b>Work:</b> .....</p> <p><b>Mobile:</b> .....</p>
	<p><b>Date received at surgery:</b></p>
<p><b>Travelling to:</b></p>	
<p><b>Type of accommodation:</b> (e.g. hotel, hostel, safari, backpacking)</p>	<p><b>Nature of trip:</b> (e.g. holiday, business, voluntary aid)</p>
<p><b>Date and duration of travel:</b></p>	<p><b>Have you ever had any travel vaccinations elsewhere (apart from your own GP)?</b> If so, please list which ones you received and on what date and bring your record to your appointment:</p>

Are you pregnant?	Has your travel company advised you to have any particular vaccinations?
Are you allergic to anything?	<p>Have you previously taken Malaria medication?</p> <p style="text-align: center;">YES/NO</p> <p>If yes, which ones did you take?</p>
Are you on any medication?	Do you smoke? If so, how many per day?

<b>FOR COMPLETION BY PRACTICE ONLY</b>	<b>FOR COMPLETION BY PRACTICE ONLY</b>
Needs to have prior to travel	Previously had—dates given

**Please return this form to the Practice as soon as possible either in person or by post or fax: 01372 470 258**