

Goodinge Group Practice -Travel Details

Please note: This form *must* be completed when you attend for your appointment otherwise your appointment will have to be re-scheduled

Appointments need to be at least 2 weeks before travel. If English is not your first language please bring someone with you who can interpret as the nurses have to explain to you any potential side effects of the vaccine etc.

It is essential that you attend your appointment on time. If late you may have to rebook or go to a private travel clinic.

Surname:	Forename:
Date of Birth :	

Date of Departure: _____ **Date of Return:** _____

Country to be visited 1: _____ **Length of stay:** _____ **Days**

Country to be visited 2: _____ **Length of stay:** _____ **Days**

Country to be visited 3: _____ **Length of stay:** _____ **Days**

Accommodation: Hotel / Backpacking / staying with friends/family (please Circle)

Do you have any past medical history? Yes/No
(Nurse to check on computer)

Have you ever had a serious reaction to a vaccine given to you before? Yes/No

Do you have Epilepsy? Yes/No

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

Are you pregnant or planning a pregnancy? Yes/No

Are you taking any oral contraception? (Women only) Yes/No

Are you taking a steroid or immune-suppressing drugs? Yes/No

Have you G6PD deficiency? (Avoid Chloroquine) Yes/No

Have you ever been tested positive for HIV? Yes/No

Patient Signature: _____

Please Note: Meningitis ACWY & Yellow fever are available at private travel clinics only