

Saville Travel Clinic Pre-Travel Questionnaire

Office only, scan and shred

Appointment date and time: _____

Name: _____ DOB: _____ Male Female
 Address: _____ Postcode: _____
 Tel no: _____

Type of travel: Holiday Business Elective Dentistry Medicine Volunteer (please tick one box)

Departure Date: _____
 Return Date: _____

Previous / Current health problems: _____

I will be visiting the following Countries and length of stay

Are you allergic to or have you reacted badly to medicines, antibiotics, eggs, or previous vaccines? Y / N

Accommodation Type _____ Star Rating _____

High risk activities: _____

Details: _____

List any current /repeat medication: _____

THIS BOX FOR PRACTICE USE ONLY				
Rabies (x3 injections)	£55.00 (per jab)			
Yellow Fever	£55.00			
Jap Encephalitis (x2 injections)	£85.00 (per jab)			
Meningitis ACWY	£55.00			
Prescription	£12.00			

THIS BOX IS FOR PRACTICE USE ONLY			
APPT DATE	TIME & NURSE	VACC	PAID

Women only:

Last Menstrual Period _____
 Are you pregnant, planning a pregnancy or breast feeding? Y N

All travellers:

I have received information on the risks and the benefits of the vaccines recommended and have had the opportunity to ask questions.
 I consent to the vaccines being given.

Signed.....

Date.....

- Operations on Thymus gland? Y / N
- Do you have Psoriasis? Y / N
- Do you have cardiac problems? Y / N
- Do you have epilepsy/convulsions? Y / N
- Have you ever suffered from anxiety / depression? Y / N
- Have you any family members who have ever suffered from anxiety / depression? Y / N
- Are you well today? Y / N

Have you had any recent treatment (chemotherapy, oral steroids, radiation) or do you suffer from a condition that may suppress your immune system (Lymphoma, Leukemia, Hodgkin's disease, HIV) Y / N

