

# Pre-Travel Vaccination Questionnaire

Please list names of patients travelling and dates of birth:

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Address: \_\_\_\_\_

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Contact Number: \_\_\_\_\_

Date of Travel: \_\_\_\_\_ How long for: \_\_\_\_\_

Countries you will be visiting: \_\_\_\_\_

Areas you are planning to visit: \_\_\_\_\_

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Purpose of trip - holiday / visiting family / business / voluntary work: \_\_\_\_\_

Type(s) of accommodation - hotel / backpacking / hostel: \_\_\_\_\_

Are you a carer or do you work in a care giving role e.g. nurse, doctor? Yes / No Please state: \_\_\_\_\_

Are you planning on doing any of the following while on holiday? Please give more details if answering yes to the questions below.

Attending crowded areas Yes / No Details: \_\_\_\_\_

Living or working closely with the local population Yes / No Details: \_\_\_\_\_

Coming into contact with animals Yes / No Details: \_\_\_\_\_

If yes, whilst you are travelling will you be within 24 hours of a major hospital or vaccination centre? Yes / No

Taking part in any activity which could risk injury Yes / No Details: \_\_\_\_\_

Having any kind of medical procedure Yes / No Details: \_\_\_\_\_

Visiting smaller villages, towns and rural areas Yes / No Details: \_\_\_\_\_

Spending long periods of time in rural areas Yes / No Details: \_\_\_\_\_

Visiting friends and/or family Yes / No Details: \_\_\_\_\_

## OFFICE USE ONLY

Vaccinations needed:

	Cholera
	Diphtheria / Tetanus / Polio
	Hepatitis A
	Hepatitis B
	Hepatitis A + Hepatitis B
	Hepatitis A + Typhoid

	Japanese Encephalitis
	Rabies
	Typhoid
	Yellow Fever
	Men ACWY
	Tick-Borne Encephalitis

Checked by: \_\_\_\_\_

Time needed for appointment: 10 minutes 20 minutes 30 minutes Longer: \_\_\_\_\_

Cost (if applicable): \_\_\_\_\_

Appointment Date, Time and Nurse: \_\_\_\_\_

**For patients travelling in 2 weeks or under if we have no appointments, they can be directed to the clinic below.**

## **The Exeter Travel Clinic**

**Travel Health Consultancy  
22 Southernhay West  
Exeter  
Ex1 1PR**

**Tel: 01392 430590**

**Mob: 07811 216526**

**Email: [enquiries@travelhealthconsultancy.co.uk](mailto:enquiries@travelhealthconsultancy.co.uk)**

**Please note that this is a private clinic and patients should be informed they will have to pay.**