

TOOTING BEC SURGERY Travel Vaccine Questionnaire

Please complete this form and return it to the receptionist **before** your appointment.

Please note vaccines will not be administered until completed form received.

NAME:	DATE OF BIRTH:																																				
ADDRESS:																																					
TELEPHONE NO:																																					
DESTINATIONS - Country & Resort (Include any stopovers on the journey)																																					
REASON FOR TRAVEL: <input type="checkbox"/> HOLIDAY <input type="checkbox"/> WORK	LENGTH OF STAY:																																				
DATE OF TRAVEL:																																					
TYPE OF ACCOMODATION: (e.g. hotel, self-catering, camping, backpacking etc.)																																					
PLEASE LIST ANY ALLERGIES:	PLEASE LIST ALL REGULAR MEDICTAION:																																				
ARE YOU PREGNANT OR MIGHT YOU BE BEFORE YOU TRAVEL: <input type="checkbox"/> YES <input type="checkbox"/> NO																																					
PREVIOUS VACCINATIONS (Ask for help if you need it. State if you have had any previous adverse reactions)																																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 25%;">VACCINE</th> <th style="width: 10%;">YES/NO</th> <th style="width: 15%;">DATE</th> <th style="width: 25%;">VACCINE</th> <th style="width: 10%;">YES/NO</th> <th style="width: 15%;">DATE</th> </tr> </thead> <tbody> <tr> <td>Tetanus</td> <td></td> <td></td> <td>Hepatitis A</td> <td></td> <td></td> </tr> <tr> <td>Polio</td> <td></td> <td></td> <td>Hepatitis B</td> <td></td> <td></td> </tr> <tr> <td>Rabies</td> <td></td> <td></td> <td>Cholera</td> <td></td> <td></td> </tr> <tr> <td>Yellow fever</td> <td></td> <td></td> <td>Meningitis A/C</td> <td></td> <td></td> </tr> <tr> <td>Tuberculosis</td> <td></td> <td></td> <td>Typhoid</td> <td></td> <td></td> </tr> </tbody> </table>	VACCINE	YES/NO	DATE	VACCINE	YES/NO	DATE	Tetanus			Hepatitis A			Polio			Hepatitis B			Rabies			Cholera			Yellow fever			Meningitis A/C			Tuberculosis			Typhoid			
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Have you had a blood test for Hepatitis A or B? <input type="checkbox"/> YES <input type="checkbox"/> NO																																					
PATIENT SIGNATURE:	DATE:																																				