

BIGGAR MEDICAL PRACTICE
PATIENT QUESTIONNAIRE FOR TRAVEL VACCINATIONS

Going abroad on holiday or business?

You may need travel vaccinations, depending on the country/countries you intend to visit.

Please complete one copy of this form for each member of your travelling party (registered with Biggar Medical Practice).

NO VACCINES WILL BE GIVEN WITHOUT THIS COMPLETED FORM

Once completed, please return this form to us as quickly as possible and our Practice Nurse will then look into which immunisations you require and contact you. You may have to pay some prescription costs to the chemist.

Name		Date of Birth	
Phone No.		Email Address	
Address			

Departure Date		Duration of Stay Abroad	
Are You Pregnant?	YES/NO	Do you have adequate holiday insurance?	YES/NO
Any Allergies? Please list			
Please list any repeat medications			
Have you ever had, or are you suffering from heart disease or any other chronic illness?	YES/NO		

Which countries (INCLUDE REGIONS AND STOPOVERS) do you intend to visit?	
What type of accommodation?	
Coastal Area?	YES/NO
Inland Area?	YES/NO
Safaris, jungle exploring, travelling in difficult terrain?	YES/NO
Are you staying with friends/family?	YES/NO

We wish you a happy and healthy holiday

TO BE COMPLETED BY HEALTH CENTRE STAFF

VACCINE	ADVISED FOR THIS TRIP BY TRAVAX	DATE OF LAST DOSE (IF HAD ALREADY)	TO BE ADMINISTERED FOR THIS TRIP	PRESCRIBED – GP SIGNATURE	DATE GIVEN	INITIALS
Tetanus						
Polio						
Hep A						
Typhoid						
Diphtheria						
Hep B						
Yellow Fever						
Japanese B Encephalitis						
Men A & C						
Rabies						
BCG						

If Malaria prophylaxis required:

Type Available	Tick if Req'd	Details of Dose and Length of Time Must be Taken
Doxycycline		1 wk prior/during stay/4 wks after – 1t daily (P)
Chloroquine plus Proguanil		1 wk prior/during stay/4 wks after – Chlor 1t wkly/Pro 1t daily
Chloroquine		1 wk prior/during stay/4 wks after – 2t wkly
Malarone *		1-2 days prior/during stay/7 days after – 1t daily (P)
Mefloquine		2-3 wks prior/during stay/4 wks after – 1t daily (P)
Proguanil		1 day prior/during stay/4 wks after – 2t daily

ABCD Malaria Prophylaxis Discussed	YES/NO
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Patient Consent (to be signed on day of vaccination) I hereby give consent to receive vaccinations as prescribed above

Signature:

Date: