# KIRPAL MEDICAL PRACTICE

**247-251 Soho Road**

**Handsworth**

**Birmingham**

**B21 9RY**

**Tel: 0121 203 5040**

TRAVEL VACCINATION QUESTIONNAIRE

Date…………………………………

|  |  |
| --- | --- |
| Personal details | |
| NAME: | D.O.B Male / Female / other |
| ADDRESS: | Contact Number: |

Please circle.

|  |  |  |  |
| --- | --- | --- | --- |
| COUNTRY TO BE VISTED | DATE OF TRAVEL: | RETURN DATE: | PURPOSE OF TRAVEL eg |
| 1. |  |  | Safari- back packing |
| 2. |  |  | Pilgrim -adventure |
| 3. |  |  | Staying in hostel |
| 4. |  |  | Other |

Please circle.

|  |  |  |
| --- | --- | --- |
| REASON FOR TRAVEL | Holiday? | work? |
| ALLERGIES (Please state if any): | | |
| ARE YOU PREGNANT OR MIGHT BE BEFORE TRAVEL? YES - NO | | |
| PREVIOUS INJ- (Please state if you have had any previous adverse reactions ) | | |

**(If you have received vaccines elsewhere which will not be in our clinical records, please provide details below)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES | NO | DATE | INJ REQUIRED |
| TYPHOID |  |  |  |  |
| HEPATITIS A |  |  |  |  |
| HEPATITUS B |  |  |  |  |
| TETNUS |  |  |  |  |
| POLIO |  |  |  |  |
| YELLOW FEVER |  |  |  |  |
| TUBERCULOSIS (BCG) |  |  |  |  |
| MENINGITIS |  |  |  |  |
| OTHER |  |  |  |  |

Smoking Status - Smoker Yes / No Ex-Smoker Yes/ No Never Smoked Yes / No

**Travel vaccines clinic appointments are subject to availability.**

**Many Pharmacies also offer travel vaccines services and advice, please enquire with reception team for further details.**

**PRACTICE REQUIRES minimum 6 Weeks’ NOTICE TO ADMINISTRATE TRAVEL VACCINES IF REQUIRED.**

**We do not give yellow fever injections or prescription for Malaria medication, please see your pharmacist.**

Please complete this form and return to the receptionist.

Checked by ………………………………………………Date ………………………………

Date Patient contacted ……………………….. Staff Members initials ………………………….