



# TRAVEL FORM

Please complete one form for each member of your family and return them to the receptionist.

Please ensure that you have received information leaflets on Health Advice for Travellers and Malaria Prevention.

Name: \_\_\_\_\_

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

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tel No (home): \_\_\_\_\_ Tel No (work): \_\_\_\_\_

Reason for Travel: Holiday? Yes / No. Work? Yes / No.

If work, please specify: \_\_\_\_\_

Dates of Travel: From: \_\_\_\_\_ To: \_\_\_\_\_

<u>Destination</u> (Country & town)	<u>Length of Stay</u> (Weeks / days)	<u>Accommodation</u>					
		<i>4/5-star hotel</i>	<i>other hotel/ guesthouse</i>	<i>relatives/ friends</i>	<i>camping/ sleep rough</i>	<i>safari lodge</i>	<i>other (specify)</i>
1 .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
2 .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....
3 .....	.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.....

Please describe any previous side-effects with travel medicines:

\_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

If female, date of last period: \_\_\_\_\_

Have you any previous significant illnesses or family history?  
e.g. fits, psychiatric problems? yes / no.

If yes, please specify: \_\_\_\_\_

Please list any recent immunisations that may not be recorded in your medical notes:

\_\_\_\_\_

**Please return the completed form to the receptionist, thank you.  
Please note that we shall telephone you to inform you of your requirements & if necessary book an appointment**