

**COLLINGWOOD HEALTH GROUP  
TRAVEL QUESTIONNAIRE**

**Important Information ... please read**

In order to give the best quality advice and service, we ask that you give as much details as possible about your destination and that you submit your completed forms in good time.

**WE WILL NEED 2 MONTHS NOTICE FOR BOTH SHORT AND LONG HAUL DESTINATIONS**

Your forms will be dealt with by the nurses in order of date of travel/destination. You will be contacted by our reception staff to ask you to make an appointment with the nurse to have your vaccinations.

**IF SUFFICIENT TIME IS NOT GIVEN YOU MAY NEED TO GO T A TRAVEL CLINIC WHICH WILL INCUR  
A FEE FOR ALL INJECTIONS / MEDICATIONS**

Name:		Date of Birth:	
Travel Date:		Tel. No:	
Type of Trip:	Business <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Other <input type="checkbox"/>

**ALL DESTINATIONS INCLUDING STOPOVERS ARE TO BE INCLUDED**

Destination Town/Area/Resort	Length of stay	4-5 star hotel	Other hotel, guest house, hostel	Safari Lodge Cruise	Back- packing	Camping, sleeping rough
1						
2						
3						
4						

Medical Conditions:			
Allergies:			
Medications:			
Pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/>	Breast Feeding: Yes <input type="checkbox"/> No <input type="checkbox"/>	Oral Contraception:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does having an injection make you feel faint?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any previous adverse reaction to immunisations? If YES, please state: .....			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you taken out travel insurance and if you have a medical condition, have you informed your insurance company about this?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously had Anti-Malarial medication?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Possible fee advised:			Yes <input type="checkbox"/> No <input type="checkbox"/>

**NURSE TO COMPLETE**

Yellow Fever	Dep/Tet/Polio
Jap B Enceph	Hepatitis A
Men AC/ACWY	Typhoid
Rabies	Hepatitis B
Anti Malarials	Cholera

I confirm that I have received information on the risks and benefits of the vaccines recommended and have been advised on malaria prevention.

Signature: .....

Date: .....