BMG Travel Vaccination Questionnaire

Personal details

Name:

Date of Birth:

Male / Female (please circle)

Contact number:

Dates of Trip : From: To:

Overall length of trip:

Itinerary and purpose of visit

|  |  |  |
| --- | --- | --- |
| **Countries to be visited** | **Length of stay** | **Away from medical help at destination, if so, how remote?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| Any future travel plans? |

|  |
| --- |
| **Please tick as appropriate below to best describe your trip** |
| **Type of trip** | Business |  | Pleasure |  | Other (specify) |  |
| **Holiday type** | Package |  | Self-organised |  | Backpacking |  |
| Camping |  | Cruise ship |  | Trekking |  |
| **Accomodation** | Hotel |  | Relatives/family home |  | Other |  |
| **Travelling** | Alone |  | With family/friend |  | In a group |  |
| **Staying an area which is** | Urban |  | Rural |  | High altitude |  |
| **Planned activities** | Safari |  | Adventure |  | Other |  |

Personal Medical History

|  |  |
| --- | --- |
| Do you have any recent or past medical history of note? (e.g. diabete, heart or lung conditions) |  |
| Do you have any allergies? |  |
| Have you ever had a serious reaction to vaccine given to you before? |  |
| Does having an injection make you feel faint? |  |
| Do you or any close family member have epilepsy? |  |
| Have you recently undergone radiotherapy, chemotherapy or steroid treatment? |  |
| **Women only**: Are you pregnant, planning pregnancy, or breastfeeding? |  |
| Have you taken out travel insurance, and if you have a medical condition, have you informed the insurance company about this? |  |
| Any other relevant information we should know? |  |

Vaccination history

|  |
| --- |
| **Have you ever had any of the following vaccinations/malaria tablets? If so, when?** |
| Tetanus |  | Polio |  | Diptheria |  |
| Typhoid |  | Hepatitis A |  | Hepatitis B |  |
| Meningitis |  | Yellow fever |  | Influenze |  |
| Rabies |  | Japanese encephalitis |  | Tick Borne |  |
| Malaria tablets |  | Cholera |  | Other? |  |