

Knutsford Medical Partnership Travel Questionnaire

Personal Details

Name:

Sex – Male Female

Date of birth:

Full address including postcode:

Daytime Tel:

Email:

Holiday Information

Departure Date:

Duration of stay:

Country/City:

Duration of stay:

Country/City:

Duration of stay:

Country/City:

Duration of stay:

Country/City:

Duration of stay:

Trip Description – please tick all appropriate

Purpose of trip: Business Pleasure Other

Type of trip: Package Backpacking Self Organised

Camping Cruise Trekking Other

Accommodation: Hotel Friends/Family Other

Travelling: Alone In a Group With Friends/Family

Location Type: Urban Rural Altitude

Activity Type: Safari Adventure Other

Vaccination History

Have you ever had any of the following vaccinations/tablets and if so, when?

Tetanus Polio Diphtheria

Typhoid Hepatitis A Hepatitis B

Meningitis Influenza Rabies

Jap B Encephalitis Tick Bourne Other

Yellow Fever Malaria Tablets

Today's date:

Please return completed questionnaire back to Reception Staff. If you have not heard from the Practice Nurse within 48 working hours please contact your Surgery to arrange an appointment/or more information.