

Health Questionnaire for International Travel

**Personal details**

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Dates of your trip** Date of departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Detailed Itinerary**

Country	Cities/Areas	Length of stay in days	Altitude Y/N - Metres

Please circle all that describe your trip

<b>Trip type</b>	Business	Holiday	Visiting family/ other
<b>Holiday type</b>	Package	Backpacking	Cruise/ Trekking
<b>Accommodation</b>	Hotel (A/C)	Budget/ Hostel	Camping/ Relatives
<b>Travelling</b>	Alone	With Family/ Partner	Friend/ Group
<b>Staying In</b>	Urban Area	Rural Area	Mountain/ Arid Region
<b>Activities</b>	Trekking	Safari/ Adventure	Scuba/ Extreme Activity

**Health Status – Do you have OR have you had any of these medical problems? (please circle)**

Asthma / Epilepsy / Diabetes / High Blood Pressure / Irregular Heart Beat / DVT / HIV / Mastectomy / Stomach Ulcers / Psoriasis / Immunity conditions / Mood or Anxiety issues / Splenectomy / Liver or Kidney disease / Thymus

a) Other medical problems? (please specify) \_\_\_\_\_

b) Current or repeat medications? \_\_\_\_\_

c) Are you allergic to (please circle) Eggs / Bees / Sulphur drugs / Penicillin / Latex / Band-aids / other?

d) Have you ever fainted or had any serious reactions after injections or giving blood? YES / NO

e) Could you be pregnant now OR any plans for pregnancy within 3 months of return? YES / NO

f) Does anyone around you have a weakened immune system? (Eg Cancer/ HIV) YES / NO

g) Did you miss any childhood vaccinations? YES / NO

<b>Ns</b>	<b>DISEASE</b>	<b>Previous Vaccination</b>	<b>Date</b>	<b>Brand/ Booster</b>
	Typhoid (o/ im)			
	Hepatitis A			
	Hepatitis B			
	Rabies			
	Tetanus/ Pertussis			
	Polio			
	Influenza			
	Meningitis ACWY / B			
	Yellow Fever (I)			
	MMR (I)			
	Chicken Pox (I)			
	Shingles (I)			
	Japanese Encephalitis (I)			
	TB (I)			
	HiB			
	Pneumonia 13 / 23			
	Cholera (o)			