

Questionnaire

At Healthhub you will be *risk assessed* to determine the appropriate travel advice, vaccinations and anti-malarial medication you will need.

To help us, please fill in this questionnaire and submit it to us before you come along to your Healthhub appointment or fill it in and bring it along to your appointment.

1. Your details

Name:

Date of birth: / /
.....

Gender: Male Female

Email:

Address:

.....

.....

.....

.....

.....

Postcode:

2. Your Trip

Departure date: / /
.....

Return date: / /
.....

Country to visit: 1

 2

 3

Length of Stay: 1

 2

 3

Away from medical help at destination?

If so, how remote?

.....

.....

.....

.....

.....

If you have any further destinations to add please use the last page.

3. Describe your trip

Type of trip: Business
 Pleasure
 Other

.....

Accom: Hotel
 Relatives / Family
 Other

.....

Activity Type: Package
 Self organised
 Backpacking
 Camping
 Cruise ship
 Trekking

Travelling: Alone
 With family/friends
 In a group

Staying In an urban area
 In a rural area
 At altitude

4. Your Health

Current or Repeat Prescriptions:

Please list:

.....

.....

Does having an injection make you faint?

Yes

Do you or any close family members have epilepsy?

Yes

Any Allergies: Yes

Please list:

.....

.....

Do you have any history or mental illness including depression or anxiety?

Yes

If yes, please provide details

.....

.....

Have you ever had a serious reaction to a vaccine given to you before?

Yes

If yes, please detail

.....

.....

Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?

Yes

4. Your Health Cont.

Are you pregnant or planning pregnancy or breast feeding?

Yes

Have you taken out travel insurance, and if you have a medical condition, informed the insurance company about this?

Yes

Please write below any further information which may be relevant

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.....

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5. Vaccinations

Have you ever had any of the following vaccinations / malaria tablets? If so, when?

Tetanus Yes

Date / /

Hepatitis A Yes

Date / /

Polio Yes

Date / /

Hepatitis B Yes

Date / /

Diphtheria Yes

Date / /

Meningitis Yes

Date / /

Typhiod Yes

Date / /

Yellow Fever Yes

Date / /

Influenza Yes

Date / /

Jap B Enceph Yes

Date / /

Rabies Yes

Date / /

Tick Borne Yes

Date / /

