



SURREY | GP
NETWORK

FOREIGN TRAVEL AND RISK ASSESSMENT QUESTIONNAIRE

Please complete this form and e mail it to info@surreygpnetwork.co.uk

Name:

Date of Birth:

Address:

Contact Details:

Destinations and Length of Stay – Country and Resort (Include any stopovers on the journey)

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Please list all **ALLERGIES** including serious reaction to a vaccine you had before

Please list all your **REGULAR MEDICATION**

Have you recently UNDERGONE radiotherapy, chemotherapy or steroids treatment?	Have you taken out TRAVEL INSURANCE
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Are you **PREGNANT** or might you be before you travel? Yes / No / NA

PREVIOUS IMMUNISATIONS (Ask for help if you need it. State if you have had any previous adverse reactions)

INJECTION	Yes / No	Date	INJECTION	Yes / No	Date
Tetanus			Hepatitis A		
Polio			Hepatitis B		
Rabies			Cholera		
Yellow fever			Meningitis A/C		
Tuberculosis			Malaria		
Typhoid			Japanese encephalitis		
Other					

Have you had a blood test for Hepatitis A or B? Yes / No

Patient signature	Date	
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Please add any additional information below: