

**HIGHLANDS SURGERY**  
**TRAVEL IMMUNISATION QUESTIONNAIRE**  
*To be completed by patient and returned to the surgery*

First name	
Surname	
Date of Birth	
Mobile Number & Email address	
Date of Departure	
Return date or length of trip	
Destination	

Please tick as appropriate to best describe your trip

Package	Self-organised	Backpacking	Camping	Cruise Ship	Travelling	Safari
<u>Medical History</u>			<u>Yes</u>	<u>No</u>	<u>Details</u>	
Do you have any allergies?						
Have you had any reactions to vaccines before?						
Do you or any close family member have epilepsy?						
Are you breastfeeding, pregnant or planning to become pregnant?						
Please state and relevant Medical History; Diabetes, Mental Health, High blood pressure etc						

Vaccination History

	<u>DATE</u>		<u>DATE</u>		<u>DATE</u>
Tetanus		Typhoid		Rabies	
Hepatitis A		Hepatitis B		Influenza	
Meningitis		Yellow Fever		Malaria	
Jap B Enceph		Other			

For your protection, you are recommended to have the following:

<u>Vaccine</u>	<u>Recommend</u>	<u>Consider</u>	<u>Available from</u>
Tetanus/Diphtheria/Polio			Highlands Surgery
Typhoid			Highlands Surgery
Hepatitis A			Highlands Surgery
Hepatitis B			Private Clinic
Meningitis A & C			Private Clinic
Meningitis ACWY			Highlands/Private
Yellow Fever			Private Clinic
Rabies			Private Clinic
Japanese B Enceph			Private Clinic
Cholera			Private Clinic
Malaria			Private Clinic