



Levenside Medical Practice
Dumbarton Health Centre
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TRAVEL VACCINATION QUESTIONNAIRE

Please complete this form and return it to the receptionist.
 The Practice Nurse will contact you by phone if necessary to discuss your holiday requirements.
 Please use reverse side of form if you need

Name			Date of Birth		
Address			Tel		
			Email		
Destination-Country and Resort (Include any stopovers on the journey)					
Reason for Travel Holiday/Work				Length of Stay	
Date of Travel		Type of Accommodation (e.g. Hotel, self catering, Camping, backpacking, etc)			
Please list any allergies			Please list any regular medication		
Are you pregnant or might you be before you travel? Yes/No					
PREVIOUS INJECTIONS (Ask if you need it, State if you have had any previous adverse reaction)					
INJECTION	Yes/No	Date	INJECTION	Yes/No	Date
Have you had a blood test for Hepatitis A or B Yes/No					
Patient's signature				Date	