



Levenside Medical Practice
 Dumbarton Health Centre
 Station Road
 Dumbarton G82 1PW
 Tel: 01389 811844
 Tel: 01389 811851
www.levenside.com

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**

You should seek travel advice 4-6 weeks before your trip or there is no guarantee you will be fully vaccinated before you go.

Name:		Date of birth M / F	
Address:		Tel:	
		Email:	
Destination	Country	Resort	Any stopovers on route
Reason for travel: Holiday / Work		Departure date:	Duration:
		Return date:	
<u>Type of trip (please tick all that apply)</u>		<u>Areas visiting</u>	<u>Accommodation</u>
Package holiday	Organised adventure holiday	Urban	Good
Cruise	Backpacking	Rural	Basic
Business <3 months	Visiting family / friends	Altitude >3000m	Poor
Volunteer / charity work	Elective / Student	Beach	Not Known
Aid Worker	Self organised		
Are you pregnant or might you be before you travel?		Yes / No	
<u>Details of Itinerary:</u>		<u>Previous injections & dates:</u>	

- I understand it is my responsibility to complete this form in full
- I understand it is my responsibility to store vaccines as appropriate
- I understand it is my responsibility to ensure I am aware of the country / destination's policy for bringing prescribed medication
- Please see 'Fit for Travel' website for more information on your travel destination

Signed _____ **Date** _____