



Levenside Medical Practice
 Dumbarton Health Centre
 Station Road
 Dumbarton G82 1PW
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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 or email if necessary to discuss your holiday requirements. **Please use reverse side of form if needed.**

You should seek travel advice no later than 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** _____