

# BRADFORD ON AVON & MELKSHAM HEALTH PARTNERSHIP

The Health Centre, Station Approach, Bradford on Avon, Wiltshire, BA15 1DQ

Tel: 01225 866611

[www.boamhp.co.uk](http://www.boamhp.co.uk)

## Pre- Travel Questionnaire

Please complete this questionnaire if you wish to book an appointment with the Travel Clinic. **You must complete a separate form for all travellers.**

Please ensure that you disclose your past medical history and current medical conditions to ensure that we can make a full risk assessment and evaluation of your needs.

**(Note, if you are completing this form within 8 weeks of your departure date, we will NOT be able to offer an appointment for your vaccinations)**

Name:

D.O.B.:

Address:

Telephone no:

Email:

Question	Please answer in the boxes below
Are you registered with Bradford on Avon Health Centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you travelling in a family group?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your departure date?	
How long will you be away?	
Which countries are you travelling to? Please include information on areas within each country as vaccination requirements may vary.	
What is the purpose of your trip?	
Where will you be staying?	
What will be the location?	
Type of trip	
Will you be doing any specific adventurous activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies? If yes please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever reacted to any vaccination? If yes please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you feel faint when having a vaccination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently taking any medication? If yes please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you or any of your family suffer with epilepsy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

