



## Clee Medical Centre Travel Questionnaire

### PERSONAL DETAILS

Name:

Date of Birth:

Current Address:

Telephone Number:

Email:

Sex:     Male         Female

**List Additional Travellers of the Same Family\*\*\*\***

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>

**\*\*\*\*Please complete a separate medical section for each member of the travel party**

### Planned Travel Destinations

<u>City and Country</u> <small>(Please List all Destinations)</small>	<u>Type of Trip</u> <small>(e.g. city, rural, hotel, safari, backpacking)</small>	<u>Date of Arrival</u>	<u>Date of Departure</u>	<u>Special Risks</u> <small>(e.g., working with animals, jungle trekking)</small>

### MEDICAL INFORMATION

Do you have any medical problems? If so, what are they?	
Are you taking any regular medications or treatment? If yes, what are they (include contraception)	
Are you allergic to or have you reacted badly to medicines, antibiotics, eggs or previous vaccines?	
Is there any possibility of you being pregnant now or of you trying for a pregnancy within 6 months of the end of your trip?	
Any other medical treatments or concerns we should be aware of, please state?	
<b><u>APPOINTMENT DATE</u></b>	<b><u>APPOINTMENT TIME</u></b>
	<b><u>NURSE</u></b>