

# TRAVEL QUESTIONNAIRE FOR NPMC PATIENTS

Completing this form will help us to decide if you need an appointment.  
Please complete and return it at least **4 weeks** before travel if possible.  
A nurse will contact you within 2 weeks.

## Personal Details:

Full name \_\_\_\_\_ Day time Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Email address \_\_\_\_\_  
Post code \_\_\_\_\_

## Details of others travelling

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

## PURPOSE OF TRIP PLEASE CIRCLE:

Holiday / Business / Holiday and Business / Visiting relatives / Expatriate / Voluntary work / Booster

## TYPE OF ACCOMODATION PLEASE CIRCLE:

Hotel - all inclusive, Hostels, Camping, Family home. Other - please specify

## TRAVEL DETAILS:

Please list all countries and dates to be visited on this journey in date order

### COUNTRY

### DATE OF ARRIVAL

### SPECIAL CONSIDERATIONS

(Please tick if the answer is yes)

Are you going on a cruise?

Are you going backpacking?

Are you travelling to high altitude?

Are you travelling remotely?

Will you be working with animals?

### DATE OF RETURN

When you have completed this form please return it to the Medical Centre or attach to an email and send to [blmkicb.npmcmal@nhs.net](mailto:blmkicb.npmcmal@nhs.net). The nurse will assess your requirements and you will be contacted and offered an appointment if you need any vaccinations or malaria tablets.

**Please make sure you have provided a daytime contact number or email address so we can contact you.**

**For office use only:**

Date form received \_\_\_\_\_

Patient contacted \_\_\_\_\_  
Date and by whom \_\_\_\_\_

Date	Nurse's notes and recommendations

Date of appointment \_\_\_\_\_

As soon as an appointment has been made, send form to be scanned into patient record