

# 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? <input type="checkbox"/>
		Are you going backpacking? <input type="checkbox"/>
		Are you travelling to high altitude? <input type="checkbox"/>
		Are you travelling remotely? <input type="checkbox"/>
DATE OF RETURN	<input type="text"/>	Will you be working with animals? <input type="checkbox"/>

When you have completed this form please return it to the Medical Centre or attach to an email and send to [mkccg.npmctravelclinic@nhs.net](mailto:mkccg.npmctravelclinic@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