

TrExMed Travel Health Risk Questionnaire

Name:	Date of birth:	
Country of current residence:	Departure date:	
Countries/regions to be visited:	Length of stay:	How far from medical facilities? <i>e.g. urban, rural, very remote</i>
1.		
2.		
3.		
4.		
<p>Purpose of trip, activities while abroad: <i>(Please tick all that apply)</i></p> <p>Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family/friends <input type="checkbox"/></p> <p>Voluntary work/NGO etc <input type="checkbox"/> Migration <input type="checkbox"/> Expedition <input type="checkbox"/></p> <p>High altitude climbing <input type="checkbox"/> Safari <input type="checkbox"/> Diving <input type="checkbox"/></p> <p>Other <i>(Please specify)</i> <input type="checkbox"/></p>		
<p>Medical history</p> <p>Do you have any current or past medical history of note? This includes heart, lung, liver, kidney or thymus problems, diabetes, epilepsy, thrombosis, psoriasis, steroid therapy and HIV infection.</p>		
<p>Please list all current medical treatment:</p>		
<p>Do you have any allergies, e.g. to eggs, antibiotics etc?</p>		
<p>Have you ever had a serious reaction to a vaccination, or any side effects from anti-malarial tablets?</p>		
<p>Have you ever suffered from depression, anxiety or other mental illness?</p>		
<p><i>(Women only:)</i> Are you pregnant, planning pregnancy, or breastfeeding?</p>		
<p>Are there any particular vaccinations and/or other services you are looking for during your consultation? Is there any specific advice you need?</p>		

(You may continue overleaf, if necessary)

If possible, please bring a record of your previous vaccinations to your initial appointment!

