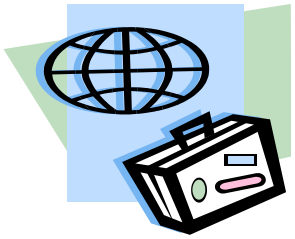
PRE TRAVEL HEALTH PLANNER



If you are going abroad don't take travel health for granted.
Plan ahead by using this form.
The planner will help the Practice Nurse to give you accurate advice.

PLEASE TRY TO RETURN THIS AT LEAST 6-8 WEEKS PRIOR TO TRAVEL

Names of Adults	**Children**
1.	**1.**
2.	**2.**
Address:	**3.**
	4.
Contact Daytime Telephone Number:	
Email Address:	

DESTINATION COUNTRY(IES) & TOWN(s)/CITY(ies):	**1.**
	2.
	3.

DEPARTURE DATE:	

The following information can be helpful in making a more accurate assessment of your needs:

Type of Trip (Please tick all that apply)		
Package Holiday ☐	Immigration ☐	Voluntary/Charity Work ☐
Cruise ☐	Oraganised Adventure Holiday ☐	Elective/Student ☐
Business < 3 months ☐	Backpacking ☐	Aid Worker ☐
Business > 3 months ☐	Visiting Family & Friends ☐	Self Organised ☐

Areas to be visited	**Accommodation**
Urban ☐	Good ☐
Rural ☐	Basic ☐
Altitude > 3000m ☐	Poor ☐
Beach ☐	Not Known ☐

Female Patients—Are you pregnant: Yes/No (delete as appropriate)

Signature: ..... **Date: .....**

PLEASE NOTE—TRAVEL GUIDANCE WILL BE SENT TO YOUR EMAIL ADDRESS