

Polio		Typhoid		Diphtheria/ Tetanus		Hepatitis A	
Hepatitis B		BCG		Yellow fever		Rabies	
Meningitis ACWY				Japanese Encephalitis		Miscellaneous	

Patient Signature **Date**

Vaccinations cannot be given unless we have received this form BEFORE your appointment

Wimborne Travel Clinic

MEDICAL QUESTIONNAIRE

Are you fit and healthy at present? Yes No Details

Do you have any allergies e.g
nuts, eggs, antibiotics? No Yes Details

Have you had a serious
reaction to any previous
vaccine? No Yes Details

Does having an injection
make you feel faint? No Yes Details

Have you had past or
recent surgery? No Yes Details

Are you on any medication? No Yes Details

(Please bring a repeat prescription)
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Are you on any immunosuppressive treatment? ie. steroids, methotrexate etc. No Yes Details

Do you or any close family member suffer from epilepsy? No Yes Details

Do you have a history of mental illness including depression or anxiety? No Yes Details

Do you have any medical conditions? No Yes Details
Such as diabetes, asthma etc.

Office Use Only

VACCINATION	RECOMMENDED	OPTIONAL	N/A
Typhoid			
Hep A			
Hep B			
DTP			
Yellow Fever			
Tick borne Encephalitis			
Japanese Encephalitis			
Cholera			
Rabies			
Meningitis ACWY			

Doctor Signature

Date