

# Pre-travel Questionnaire:

## Personal Details

Name:	Date of Birth:
Medical, Surgical, mental health history:	Pregnant? Yes                  No
Current Medications:	Contraception used?
Past travel related illnesses (eg: Malaria, Denque Fever, Altitude sickness, TD):	
Drug allergies, prior experience of antimalarial drugs:	
Previous immunisation history:	
Other:	

## Travel Details

Duration of Travel:	From:	To:	Total:	Days/Weeks/Months
Detailed itinerary of countries with regional details:				
Type of accommodation:				
Reason for travel:				
Planned activities:				
Season:				
Other:				