 **CHACEWATER & DEVORAN SURGERIES**

Surgery Travel Questionnaire

Name …………………………………………………………………….

Address ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

DOB ………………………………. Contact Number ……………………………………………..

Please complete these questions and give to the surgery at the same as you hand in your information regarding the vaccinations that you require. This information will help our Nurses to prepare for your appointment. We will then contact you to arrange your appointments.

Thank you

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| Where are you travelling? |  |
| When do you travel? |  |
| How long are you travelling for? |  |
| What type of accommodation are you staying in? |  |
| Are you visiting friends or family whilst you are away? |  |
| Have you any planned activities? |  |