

# Pre-Travel Questionnaire

Name:

Date of birth:

<b>Date of departure:</b>	<b>Date of return:</b>
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<b>I will be visiting the following countries</b> (Please give details of the resort(s)/region(s) to be visited in the order to be visited). Remember to list any countries you will be travelling through.	<b>Time in country</b> (days)	<b>Purpose of trip</b> e.g. business/holiday/visiting relatives etc	<b>Type of accommodation</b> e.g. hotel/hostel/campsite etc

## Medical History

Please give details of any conditions that may affect your travel plans:

<b>Current conditions:</b>
<b>Allergies:</b>
<b>Women only:</b> Are you pregnant or planning pregnancy or breast feeding?