

New Road Surgery – Travel Health Questionnaire

Appointment Date & Time:

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✓ **Things to do before you travel:**

- Print out the FIT FOR TRAVEL information relating to the countries you will be visiting (www.fitfortravel.nhs.uk) – don't forget to check out what anti-malarials you may need
- If vaccinations or other specific advice is required please complete and submit this form to the surgery at least **8 WEEKS** before you travel. Please ensure you complete all the * *Mandatory fields*
- Once you have returned your completed form please arrange a *telephone* appointment in our travel clinic, **1 appointment for each traveller** and at least 6 weeks before travel. A nurse will call you to discuss individual requirements, email specific information and arrange any necessary appointment for vaccinations to be administered.
- If you are travelling at short notice (or leave things to the last minute) it is unlikely we will be able to assess the risks of your personal travel itinerary and give the necessary advice or vaccines. Alternatively you should arrange a private appointment with either Masta (0330 100 4200) or Boots (0345 301 4219) or look online for other local clinics.***

PLEASE COMPLETE ONE FORM PER TRAVELLER

Personal details:

Name: * _____ Date of Birth: * _____ Male/Female

Contact telephone number: * _____ Email: * _____

MANDATORY DETAILS:*

Departure Date:*	Return date:	Length of trip:*
<u>Itinerary and purpose of visit:</u> Country(s) with each location to be visited? *	Length of stay for each location?*	How close to medical help at destination / remote?*
1)		
2)		
3)		
Any future travel plans?		

Please tick as appropriate below to best describe your trip: *

1. Type of trip	Business		Pleasure		Other
2. Holiday type	Package		Self organised		Backpacking
	Camping		Cruise ship		Trekking
3. Accommodation	Hotel		Family home		Other
4. Travelling	Alone		With family/friend		In a group
5. Staying in area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other

Personal medical history:

List all chronic medical conditions that you have (e.g. diabetes, heart or lung conditions)

List any current or repeat medications

List all allergies that you have (e.g. to eggs, antibiotics, nuts)

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

Does an injection make you feel faint?

Do you or any close family members have epilepsy?

Have you any history of mental illness including depression or anxiety?

Have you recently received radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning a pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?

Please write below any further information which may be relevant:

Vaccination history:

Have you ever had any of the following vaccinations/malaria tablets and if so when?

	Date		Date		Date
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other		Malaria tablets			

Travel Health:

The following travel vaccinations are free to patients but need to be given at least 2 weeks prior to travel:

- Diphtheria/tetanus
- Hepatitis A
- Polio
- Typhoid

Other Travel Vaccinations:

The following are not available under the NHS and therefore the following charge is made:

Item	Minimum time before travel for completed course	Number of doses	Cost per dose (£)	Total cost (£)
Hepatitis B	4-9 weeks (preferably 6 months)	3	44.00 (Booster)	178.20
Hepatitis B Junior	6 months	3	31.00	93.00
Meningitis ACWY	2 weeks	1	64.50	64.50
Rabies (pre exposure only)	4 weeks	3	53.00	157.00
Yellow fever – not done here	10 days			
Tick borne Encephalitis	6 weeks	3	79.20	237.60

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Administration:

Completion of previous vaccination record card	20.00
Fitness to Travel Certificate	40.00
Private Prescription (for antimalarials) per item	15.00

Please note:

- *Payment is due prior to vaccination*
- *It is your responsibility to ensure you have the recommended vaccines*

What general side effects can you expect to experience following vaccination?

Some people will develop slight tenderness, redness and sometimes swelling at the site of the injection and a small number may experience slight fever, headache, general aching and malaise approximately 24 hours after the vaccination, lasting for up to 24 hours. You are advised to take regular analgesia to reduce your temperature (eg paracetamol) and to drink plenty of non-alcoholic fluids. A cold compress applied to the site of the injection may relieve the discomfort. MMR – Women – if you have received the measles, mumps and rubella vaccine it is important that you DO NOT get pregnant for at least 3 months.

If you are concerned about your condition you can call the surgery or alternatively phone 111 for 24 hour help and advice.

Tips and Advice

- Ensure you have read thoroughly the information on all the countries that you intend to visit on www.fitfortravel.nhs.uk
- Protect yourself against skin cancer – use protective sun block, applying frequently
- Do everything you can to NOT get bitten by insects. Use at least 30-50% DEET on all exposed skin, reapplying frequently on top of any other creams so that the insect smells the repellent in order to be repelled.
- For European destinations don't forget to take your valid EHIC card (formerly E111) available free from <http://www.nhs.uk>
- Consider flight stockings for flights of more than 4hours with the increased risk of blood clots
- Consider taking anti-diarrhoeal tablets, re-hydration sachets, alcohol gel and first aid kit
- Ensure you take out EXCELLENT TRAVEL HEALTH INSURANCE, check that it covers air ambulance and repatriation to the UK
- Food and drink: COOK IT, PEEL IT OR LEAVE IT OUT! IF IN DOUBT, LEAVE IT OUT!
- Excessive alcohol can make you carefree and lead you to take risks you would otherwise not consider
- Safe sex: www.maristopes.org.uk/documents/travelguide.pdf
- Take precautions against accidents eg wear safety equipment
- Ensure you know specific road/driving laws of the country visited

I confirm that I have read and understood all the information provided on this sheet, including all relevant information on the FIT FOR TRAVEL website relating to the countries I will be visiting (www.fitfortravel.nhs.uk).

Signed:.....
(Parents or Guardians to sign on behalf of children)