Umbrella Medical Partners:
Dr. C. Denihan Dr. S. Ismail
Dr. M. Stevens Dr. C. Stedall
Dr. B. Sood Dr. R. Hobson
Dr. M N Dugas Dr. K Conod
Dr. S. Garsed Mr G. Bloom

The Practice offers travel vaccines for registered patients who may require advice or vaccinations prior to overseas travel. Please note the following advice and guidance regarding this service

- We offer NHS travel vaccinations only and these are provided free of charge to registered patients. The vaccinations we provide are:

Cholera **Hepatitis A** **Typhoid** **Tetanus / Diptheria / Polio**

- We do not provide any other travel vaccinations and you will need to contact a private provider if these are required for your travel destination
- It is **essential** that you contact us **as soon as you book your holiday** if you believe you will require vaccinations. As a minimum, you need to contact us **6 – 8 weeks** prior to travel. This is to allow sufficient time for a travel assessment and recommend vaccinations to be given. Not all vaccinations can be given at the same time and some will require a course of treatment.
- We do appreciate that sometimes last minute holidays are booked. **We are not obliged to offer the travel service at short notice**, however please contact us if this is the case and we will determine if it is possible for the nurse to see you. Please note that this is not always possible and you may be asked to contact a private provider to complete your travel assessment and vaccinations.
- You will be asked to complete a Travel Assessment Form when you book an appointment at a Travel Clinic. All family members will need to complete a separate form.
- We do not provide travel advice over the telephone. You must book an appointment with our nurse for travel advice.
- Travel clinic appointments last for 20 minutes, each additional family member can be booked into an appointment for an additional 10 minute appointment **only if attending the surgery at the same time.**
- Travel health information can be viewed on the NHS website “Fit for Travel”. This can be accessed at www.fitfortravel.nhs.uk

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Thank you for taking the time to complete this questionnaire, which is designed to ensure you receive best advice for safe travel. In order to provide this service to you, we ideally require **6/8 weeks**' notice of your travel plans (in order for the vaccinations to work, they need to be given **at least 4** weeks pre travel).

Personal details						
Name:		Date of birth: Age: Male [ ] Female [ ]				
Telephone numbers: Home: Work: Mobile:						
Email:						
Dates of trip						
Date of Departure:		Date of return:				
Overall length of trip in days						
Itinerary and purpose of visit						
Country to be visited	Region (eg Amazon Basin)	Length of Stay (in days)				
1.						
2.						
3.						
4.						
5.						
6.						
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		Relatives/ 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
If you are newly registered please include any past medical history of note (including diabetes, heart or lung conditions or HIV, ect. Cancer) List any current or repeat medications:
Do you have any allergies for examples to eggs, antibiotics, nuts?
Have you ever had a serious reaction to a vaccine given to you before?

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Does having an injection make you feel faint?
Do you or any close family members have epilepsy?
Do you have any history or mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment or immune-suppressive therapy? e.g Methotrexate, Sulphasalazine, Azathiaprine
Women only: Are you pregnant or planning 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 any further information which may be relevant?

VACCINATION HISTORY					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets / Side effects					

Declaration:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: Parent / Guardian of child. Date:

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FOR OFFICIAL USE			
Patient Name:			
Travel risk assessment performed Yes [ ] No [ ] Nurse Name:			
Travel vaccines recommended for this trip			
Disease protection	Recommended **Y/N**	**Patient declined vaccine**	**Further information**
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other? Any drug interactions			

Travel advice and leaflet given as per travel protocol				
Food water and personal Hygiene advice		Travellers'' diarrhoea	Hepatitis B and HIV	
Insect bite prevention		Animal bites	Accidents	
Insurance		Air travel	Sun and heat protection	
Website		Travel advice & record card supplied		
		Other		

Malaria prevention advice and malaria chemoprophylaxis					
Chloroquine and proguanil	OTC		Atovaquone + proguanil (Malarone)	Prescrioption	
Chloroquine	OTC		Merfloquine	Prescrioption	
Doxycycline	Prescription		Malaria advice leaflet given		

Further information
Eg. Weight of child

Assessor's Name: _____ Signature: _____ Date: _____

Prescriber's Name: _____ Signature: _____ Date: _____