

Please refer to www.fitfortravel.nhs.uk and www.nathnac.org PRIOR to your consultation

Having an awareness of all of the travel health problems you may be at risk from on your trip, prior to your appointment is essential.

VERY IMPORTANT

- 1) WE REQUIRE **4** WORKING DAYS TO PROCESS THIS FORM.
- 2) IT IS **YOUR** RESPONSIBILITY TO CONTACT US TO FIND OUT YOUR REQUIREMENTS AND TO MAKE THE NECESSARY APPOINTMENTS.
- 3) IF YOU REQUIRE OR ARE ADVISED TO RECEIVE ADDITIONAL VACCINATIONS NOT AVAILABLE FREE OF CHARGE ON THE NHS YOU WILL BE ASKED TO PAY FOR THESE IN ADVANCE.

PLEASE BE ADVISED TRAVEL HEALTH SERVICES ARE OFFERED BY THE PRACTICE AS AN ADDITIONAL SERVICE.

WE WILL ENDEAVOUR TO ACCOMMODATE YOUR REQUEST BUT MAY BE UNABLE TO OFFER YOU A CONSULTATION IF YOU ARE TRAVELLING WITHIN 3 WEEKS OF SUBMITTING THIS FORM.

PRIVATE TRAVEL CLINICS SUCH AS THOSE LISTED BELOW MAY BE ABLE TO ASSIST YOU.

MASTA Travel Clinic - Gatwick Airport
1-3 Jubilee House, Furlong Way,
London Gatwick Airport,
Gatwick,
West Sussex,
RH6 0JW
Telephone: (0330) 100 4200

ROBENS CENTRE
4 Huxley Road
The Surrey Research Park
Guildford
Surrey
GU2 7RE
Telephone: 01483 - 686690
Fax: 01483 – 686691
E-mail: info@rcohs.com

IMPORTANT INFORMATION REGARDING VACCINE AVAILABILITY

Please be advised that currently due to a manufacturing shortage of the most common vaccines, we may not be able to provide you with protection against, Tetanus, Hepatitis A or Hepatitis B.

Please complete your travel risk assessment form and we will advise you if you require vaccination and signpost you to private travel clinics which may be able to assist you.

DATE SUBMITTED	PATIENT INFORMATION GIVEN	RECEIVED BY

Loxwood Medical Practice Travel risk assessment form

We need to perform a risk assessment before confirming which vaccines are recommended for your trip. Please complete the front page only of this form.

PERSONAL DETAILS	
Name	Date of birth / /
Address	Male <input type="checkbox"/> Female <input type="checkbox"/>
Easiest contact number	

WOMEN ONLY
Are you pregnant or planning pregnancy or breastfeeding? YES / NO
Have you undergone FGM / been cut// been circumcised ? YES / NO

DATES OF TRIP	
Date of departure / /	Return date / /

ITINERARY AND PURPOSE OF VISIT	LENGTH OF STAY
Countries with exact destinations to be visited	
1)	
2)	
3)	
4)	

DESCRIBE YOUR TRIP <small>(Please tick as many as you feel are appropriate)</small>	
Type of Trip	<input type="checkbox"/> Business <input type="checkbox"/> Pleasure <input type="checkbox"/> Volunteer / Healthcare <input type="checkbox"/> Emigration <input type="checkbox"/> Pilgrimage
Holiday Type	<input type="checkbox"/> Package <input type="checkbox"/> Self organised <input type="checkbox"/> Backpacking <input type="checkbox"/> Camping <input type="checkbox"/> Cruise ship
Accommodation	<input type="checkbox"/> Hotel <input type="checkbox"/> Relatives/friends home <input type="checkbox"/> Other
Travelling	<input type="checkbox"/> Alone <input type="checkbox"/> With family/friend <input type="checkbox"/> In a group
Staying in an area	<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Altitude
Planned activities	<input type="checkbox"/> Safari <input type="checkbox"/> Adventure <input type="checkbox"/> Medical procedure

PERSONAL MEDICAL HISTORY
Do you have any allergies for example to eggs, antibiotics, nuts or latex? <i>If yes please give details</i>
.....
..
Have you ever had a serious reaction to a vaccine given to you before? <i>If yes please give details</i>
.....
..

VACCINATION HISTORY IF <u>NOT RECEIVED HERE AT THE PRACTICE</u>
Have you ever had any travel vaccinations or malaria tablets from elsewhere? If so what and when?
.....
.....

PATIENT INFORMATION – NURSE TO COMPLETE FOR PATIENT

 Travel risk assessment performed Yes No

 Pregnant Yes No

VACCINES	In Date	Recommend	Consider/ Risk Awareness	Vaccine Schedule	Cost <i>per vaccine</i>
Hepatitis A				2 doses total 0 and 6-12 months	Exempt
Hepatitis B				0, 1, 6 months (3 doses) OR 0, 1, 2 months (booster 1 yr) OR 0, 7, 21 days (booster 1 yr)	£40.00 Under 25 = £25
Typhoid				Single dose 3 yearly	Exempt
Cholera				Oral preparation 0 and 2-6 weeks	Exempt
Tetanus/Dip/Polio				Single dose 10 yearly	Exempt
Meningitis ACWY				Single dose	£70.00
Yellow Fever				Single dose	£60.00
Rabies				3 doses 0, 7 and 21-28 days	£55.00
Japanese B Encephalitis				2 doses 0 and 28 days	£85.00

Comments.....

MALARIA PREVENTION AND ADVICE	Suitable	Dose per week	Cost
Chloroquine and proguanil		2 tablets weekly starting 1 week before, during and for 4 weeks after trip	£20.65 per pack
Chloroquine		2 tablets weekly starting 1 week before, during and for 4 weeks after trip	£1.00 weekly
Doxycycline		Daily starting 1 week before, during and for 4 weeks after trip	£3.00 weekly
Malarone		Daily starting 2 days before, during and for 7 days after trip	£3.25 per tablet
Malarone Paediatric		Daily starting 2 days before, during and for 7 days after trip	£1.50 per tablet
Mefloquine		Weekly starting 2 weeks before, during and for 4 weeks after trip	£3.00 weekly
Mosquito bite avoidance			

Comments.....

APPOINTMENTS REQUIRED FOR:	NOTES FOR RECEPTION
Vaccination <input type="checkbox"/> Discuss requirements <input type="checkbox"/> Malaria advice <input type="checkbox"/>	

PATIENT SPECIFIC DIRECTION (PSD)		
Administration by Practice Nurse Sarah Sprinks, Carla Allan or Ivora Howland		
Patient risk assessment performed and authorised by:		
Prescribers name (Dr)	Signature	Date / /

Date completed by Nurse / /

Signed