## PLEASE RETAIN THIS SECTION FOR YOUR REFERENCE

# **VERY IMPORTANT**

Please be advised we NO LONGER offer a FULL PRIVATE TRAVEL SERVICE AT Loxwood Medical Practice.

We continue to offer basic advice and public health vaccinations in line with current Public Health England guidance.

- 1) WE WILL ENDEAVOUR TO ACCOMMODATE YOUR REQUEST BUT MAY BE <u>UNABLE</u> TO OFFER YOU A CONSULTATION IF YOU ARE TRAVELLING WITHIN 4-6 WEEKS
- 2) WE REQUIRE A MINIMUM OF 4 WORKING DAYS TO PROCESS THIS FORM.
- 3) IT IS <u>YOUR</u> RESPONSIBILITY TO CONTACT US AND TO MAKE THE NECESSARY APPOINTMENTS.
- 4) IF YOU ARE ADVISED TO SEEK ADDITIONAL VACCINATIONS NOT AVAILABLE FREE OF CHARGE ON THE NHS THE FOLLOWING INFORMATION MAY BE HELPFUL.

#### MASTA Travel www.masta-travel-health.com/

Their Customer Services Team is available on 0330 100 4200

Their Office Hours are 09:00 - 17:00 Mon-Fri

Outside of these hours, please send them an email by using the contact form on their website, and one of their team will be in touch with you.

#### www.globalhealthtravelclinic.co.uk

The Guildford clinic is the nearest, located within Eastgate Dental Clinic, The Pavilion, 221-227 High Street Guildford Surrey GU1 4AZ

You can contact them on 01483 363024

#### www.healthclinics.superdrug.com/

The nearest clinics are in Guildford, Chichester and Worthing but they have many others or you can call their booking line on 0333 311 1007

### $www.citydoc.org.uk/clinics/hove/?utm\_source=Yext\&utm\_medium=GMB$

Sussex Travel Clinic, the nearest location to Loxwood is; 23 Farncombe Road, Worthing BN11 2AY Telephone 01903 254774

## www.surreygp.com/services/vaccinations/travel-vaccinations

Their address is Parallel House, 32-34 London Road, Guildford, Surrey GU1 2AB Their office hours are Monday to Friday 8.30-17.30 and on some Saturdays You can call them on 01483 230481

Consider local chemists and pharmacies who may offer a travel service also.

# Refer to www.fitfortravel.nhs.uk and www.nathnac.net 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 <u>essential</u>.

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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 Female
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 – THIS MUST be at least 6 weeks	
Date of departure / /	Return date / /
ITINERARY AND PURPOSE OF VISIT	
COUNTRY to be visited	LENGTH OF STAY
1)	
2)	
2)	
3)	
4)	
, and the second	
DESCRIBE YOUR TRIP (Please tick as many as you feel are ap	nronriate)
Type of Trip  Business  Pleasure  Volunteer / Healthcare	
Holiday Type ☐ Package ☐ Self organised ☐ Backpacking ☐	Camping Cruise ship
SENITIVITIES AND ALLERGY	
Have you ever had a serious reaction to a vaccine given to you before? If you	es please give details
VA COTHATION LITETORY IF NOT RECEIVED LIER	A.T. T.U.E. D.D.A.C.T.C.E.
VACCINATION HISTORY IF NOT RECEIVED HERE	AT THE PRACTICE

VACCINES	In Date	Recommend	Consider/ Risk Awareness	Vaccine Schedule	Cost per vaccine
Hepatitis A				2 doses total 0 and 6-12 months	Exempt
Typhoid				Single dose 3 yearly	Exempt
Tetanus/Dip/Polio				Cinale dese	
				Single dose 10 yearly	Exempt
				10 yearly	· · · · · · · · · · · · · · · · · · ·
Comments				10 yearly	· · · · · · · · · · · · · · · · · · ·