**PATIENT FORM FOR TRAVEL VACCINATIONS**

If you're planning to travel outside the UK, you may need to be vaccinated against some of the serious diseases found in other parts of the world. Some vaccinations are available free on the NHS and others are ordered on a private prescription. The private vaccinations incur a charge over and above the normal prescription charge, so they are not kept in stock and the practice orders them as needed. **Ideally, contact the practice at least 8 weeks prior your trip**. Some vaccines need to be given well in advance to allow your body to develop immunity.

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| **Polite notice: the practice will only process travel vaccination forms if 4 weeks notice is given. If you plan to depart in less than 4 weeks, please refer to a private vaccination clinic or a pharmacy offering travel healthcare services** |

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| Name: | Date of Birth: | |
| Telephone number: | * Male | * Female |

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| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP BELOW** | | | | | |
| Date of Departure: | | | Total Length of trip: | | |
| Country to be visited | Exact Location/Region | | City or rural | | Length of Stay |
| 1. |  | |  | |  |
| 2. |  | |  | |  |
| 3. |  | |  | |  |
| Have you taken out travel insurance for this trip?  Do you plan to travel abroad again in the future? | | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY** | | | | | |
| Holiday  Business trip  Expatriate  Volunteer work  Healthcare worker | Staying in Hotel  Cruise ship trip  Safari  Pilgrimage  Medical tourism | Backpacking  Camping/hostels  Adventure  Diving  Visiting friends/family | | Additional information: | |

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| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | **YES** | **NO** | **Details** |
| Are you fit and well today |  |  |  |
| Any allergies including food, latex, medication |  |  |  |
| Severe reaction to a vaccine before |  |  |  |
| Tendency to faint with injections |  |  |  |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed |  |  |  |
| Recent chemotherapy/radiotherapy/organ transplant |  |  |  |
| Anaemia/bleeding/clotting disorders (including history of DVT) |  |  |  |
| Heart disease (e.g. angina, high BP) |  |  |  |
| Diabetes |  |  |  |
| Epilepsy/seizures |  |  |  |
| Gastrointestinal (stomach) complaints |  |  |  |

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|  | **YES** | **NO** | **Details** |
| Liver and/or kidney problems |  |  |  |
| HIV/AIDS |  |  |  |
| Immune system condition |  |  |  |
| Mental Health Issues (including anxiety, depression) |  |  |  |
| Neurological (nervous system) illness |  |  |  |
| Respiratory (lung) disease |  |  |  |
| Rheumatology (joint) conditions |  |  |  |
| Spleen problems |  |  |  |
| Any other conditions |  |  |  |

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| **Women only** | **YES** | **NO** | **Details** |
| Are you pregnant? |  |  |  |
| Are you breast feeding? |  |  |  |
| Are you planning a pregnancy while away? |  |  |  |
| Have you undergone FGM/been cut/circumcised? |  |  |  |

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| **Are you currently taking any medication?** |
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| **Any addition information** |
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| **PLEASE SUPPLY INFORMATION ON ANY VACCINES/MALARIA TABLES TAKEN IN THE PAST** | | | | | |
| Tetanus/polio/diphtheria |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis |  |
| Rabies |  | Japanese encephalitis |  | Tick borne encephalitis |  |
| Yellow fever |  | BCG |  | Other |  |
| Malaria |  | | | | |

Please allow 5 working days for this form to be process. You will be contacted preferably by text message and advice to book an appointment with the Practice Nurse for your travel consultation.

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| I consent to be contacted by text message. |