

Green Practice Stockbridge Health Centre

Pre Travel Questionnaire

Date completed:

Please be aware there is a £10 record of immunisations & £10 'access to records' fee.
(Payable ONLY if you do not attend your booked appointment – total £20)

Please complete this form at least **4-8 weeks** prior to your departure date. Please provide as much detail as possible so the nurse can make a thorough assessment of your requirements'. The practice nurse will aim to call you 5-7 days after you submit this form. Some courses of vaccines can take 4 weeks to complete. Please be aware that the practice holds a limited supply of vaccines which are supplied and administered free of charge but some recommendations are not covered under the NHS and will be issued as a private prescription. The Pharmacy will charge a fee per item on a Private Prescription, charges also apply at the practice for these NON-NHS vaccinations and medications. **Max fee to the practice VARIES – Nurse will discuss)**

For detailed travel advice please visit www.8weekstogo.co.uk or www.fitfortravel.scot.nhs.uk

Name/DOB: _____		
Accurate contact telephone no: _____		
Departure date: _____		Return date/duration of trip: _____
Countries and cities to be visited	Length of stay	urban/rural/remote?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please circle to describe your trip:			
1. Type of trip:	business	pleasure	other e.g. surgery
	package	self organised	backpacking gap year
	camping	cruise	trekking
2. Accommodation:	hotel/B+B	hostel	relatives/friends
3. Travelling:	alone	family/friend	group organised tour
4. planned activities:	safari	adventure e.g. diving, rafting,	surgery/tattoos

Medical History
Do you have any allergies e.g. eggs, nuts, antibiotics? _____
Have you ever had a serious reaction to a vaccination? Please describe _____
Does having an injection make you feel faint? _____
Do you or any close relatives have epilepsy? _____
Do you suffer from psoriasis? _____
Do you have a history of mental health illness such as depression or anxiety? _____
Have you recently undergone radiotherapy, chemotherapy or steroid treatment? _____
Women only: Are you pregnant, planning a pregnancy or currently breast feeding? _____
Any other relevant further information you wish to tell us? _____

Vaccine History – have you had any of the following vaccines or malaria tablets, please supply dates (approx):

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A (1)		Hepatitis B	
Meningitis		Hepatitis A (2)		Influenza	
Rabies		Jap B enceph		Tick borne	
Others	Yellow Fever				
Malaria Tabs					

If you have a chronic or long term illness have you checked that your travel insurance will provide adequate cover? Advice can be obtained at your travel health appointment.

For Official Use

Recommended travel vaccines for this trip

Disease protection	Yes	No	NHS or Private	Further Information
Tetanus				
Diphtheria				
Polio				
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Yellow Fever				
Meningitis ACWY				
Rabies				
Jap B enceph				
Other:				

Malaria risk and chemoprophylaxis

No risk Variable risk High risk

Chloroquine + Proguanil		Atovaquone + Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria leaflet given	

Further information e.g. contraindications identified, child weight

Signed by: _____ Position: _____ Date: _____

Calls to patient:

- 1.
- 2.

Complete: _____ Position: _____ Date: _____

Disclaimer: Please note the practice nurses will ONLY attempt contact on TWO occasions, thereafter it is your responsibility to re-contact the practice regarding your travel arrangements.