

**ROYSTON HEALTH CENTRE
TRAVEL VACCINATION FORM**

Ideally we require two months notice to enable us to deal with your request

Personal details			
Name	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			
Dates of trip			
Departure date		Return date or length of trip	
Itinerary and purpose of visit (please attach any additional countries on a separate sheet)			
Country to be visited	Length of stay	How far away is medical help if none available at destination?	
1			
2			
Please tick below, as appropriate, to best describe your trip			
1 Type of trip	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Other
2 Holiday type	<input type="checkbox"/> Package	<input type="checkbox"/> Camping	<input type="checkbox"/> Self organised
	<input type="checkbox"/> Cruise ship	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Trekking
3 Accommodation	<input type="checkbox"/> Hotel	<input type="checkbox"/> Relatives/family home	<input type="checkbox"/> Other
4 Travelling	<input type="checkbox"/> Alone	<input type="checkbox"/> With family/friend	<input type="checkbox"/> In a group
5 Type of area	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> At altitude
6 Planned activities	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	<input type="checkbox"/> Other
Personal medical history			
Please list any recent or past medical history of note, including diabetes, heart or lung conditions			
Please list any current or repeat medications			
Do you have any allergies – for example to eggs, antibiotics or nuts? (If yes, please list)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a serious reaction to a vaccine given to you before?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does having an injection make you feel faint?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any close family members have epilepsy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any history of mental illness, including depression or anxiety?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently undergone radiotherapy, chemotherapy or steroid treatment			<input type="checkbox"/> Yes <input type="checkbox"/> No
Women only: Are you pregnant or planning pregnancy, or breast feeding?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken out travel insurance, and if you have a medical condition, informed the insurance company about this?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please write below any further information that may be relevant			

Please allow 3 working days after handing in the form before contacting the surgery for an appointment

Vaccination history

Have you ever had any of the following vaccinations or malaria tablets and if so when?

<input type="checkbox"/> Tetanus	Date	<input type="checkbox"/> Hepatitis A (single vaccination)	Date
<input type="checkbox"/> Typhoid	Date	<input type="checkbox"/> Hepatitis A (booster)	Date
<input type="checkbox"/> Meningitis	Date	<input type="checkbox"/> Hepatitis B (course of 3)	Date
<input type="checkbox"/> Rabies	Date	<input type="checkbox"/> Japanese encephalitis	Date
<input type="checkbox"/> Polio	Date	<input type="checkbox"/> Tick borne encephalitis	Date
<input type="checkbox"/> Diphtheria	Date	<input type="checkbox"/> Influenza	Date
<input type="checkbox"/> Yellow fever	Date	<input type="checkbox"/> Malaria tablets	Date
<input type="checkbox"/> Other (state)			Date

For discussion when assessing risk during your appointment:

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

Patient signature

Date

FOR OFFICIAL USE ONLYTravel risk assessment done Yes No Vaccinations to commence on or before:**Travel vaccines recommended for this trip (plus any further relevant information)**

<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Typhoid
<input type="checkbox"/> Cholera
<input type="checkbox"/> Tetanus
<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Polio
<input type="checkbox"/> Meningitis ACWY
<input type="checkbox"/> Yellow fever
<input type="checkbox"/> Rabies
<input type="checkbox"/> Japanese Encephalitis
<input type="checkbox"/> Tick borne encephalitis

Travel advice and leaflets given as per protocol

<input type="checkbox"/> Food, water and personal hygiene advice	<input type="checkbox"/> Traveller's diarrhoea	<input type="checkbox"/> Hepatitis B and HIV
<input type="checkbox"/> Insect bite prevention	<input type="checkbox"/> Animal bites	<input type="checkbox"/> Accidents
<input type="checkbox"/> Insurance	<input type="checkbox"/> Air travel	<input type="checkbox"/> Sun and heat protection
<input type="checkbox"/> Websites	<input type="checkbox"/> Travel record supplied	<input type="checkbox"/> Other

Malaria prevention advice and malaria chemoprophylaxis

<input type="checkbox"/> Chloroquine and proguanil	<input type="checkbox"/> Chloroquine	<input type="checkbox"/> Mefloquine
<input type="checkbox"/> Atovaquone + proguanil (Malarone)	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Malaria advice leaflet

Further information

Eg weight of child

Authorisation

Signed by	Position	Date
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TRAVEL VACCINATION POLICY

For travel abroad with advanced notice

- You should call into the Health centre to collect a Travel Vaccination form preferably at least two months before your departure date.
- You should return your completed form preferably at least two months before you are due to go abroad
This two month notice period ensures that we can process requests and book appointments in good time for vaccinations to take effect.
- Once we receive the completed form a nurse will check your vaccination record against the recommended vaccinations for the country to which you are travelling. The nurse will then give the form, complete with the relevant information, to Reception
- You should phone the Health Centre at least three working days after handing in the form to find out which vaccinations(if any) you require and (if necessary) to make an appointment.

Please note that there is a charge for the following vaccinations

Yellow fever	£60
Japanese encephalitis (must be order in advance)	£80 per dose (2 doses required)
Tick born encephalitis (must be order in advance)	Adults £60 per dose, children £50 (3 doses required)
Rabies (must be order in advance)	£45 per dose (3 doses required)
Hepatitis B	£40 per dose (3 doses required)
Blood test for Hepatitis B	£40

These prices include the administration of the vaccines

For travel abroad at short notice

- If you are departing in less than two months, we may not have a suitable nurse's appointment available within the required timeframe. In this case, you should contact one of the following clinics for your travel vaccinations and advice. You can ask a receptionist to print out your vaccination history to take with you to the clinic.

Masta Travel Clinic

Peterborough

0330 100 4284

Travel Clinic Limited

41 Hills Road
Cambridge
CB2 1NT

01223 367362

Travel Vaccination Clinic

The Health Station
21a Brand Street
Hitchin

01462 459595

You can also find out the recommended vaccinations for different countries by visiting www.fitfortravel.nhs.uk.