

Shephall Health Centre

Travel Appointment Information

Trips to far away destinations are increasingly popular and the lower costs plus faster transport, makes it feasible for the many. The variety of different adventurous type trips are also on the increase. This is all good news, however, with such diversity, the risk of travel to your health is increased and this makes the appointment with the nurse more complex. For example, we need to know about your travel itinerary and any significant aspects of your health in the past. These are typical questions we will be asking:

- When are you departing and how long for?
- Where are you going including the destinations within a country?
- Are you planning on undertaking any high risk activities?
- Have you taken out travel insurance and have you informed the company if you have any medical conditions?
- If female and of child bearing age, is there any possibility you could be pregnant if we needed to give you any injections?
- Do you have any medical conditions – these can interfere for example with the type of malaria tablets that can be chosen if you were travelling to a country that has malaria?

We need to perform a risk assessment before deciding which vaccines are recommended and the advice that will best address your needs – **this must be handed in at least 6 weeks before departure**. For this reason the appointment could take **20 minutes or even a little longer**. Within this surgery we plan to give you the necessary injections within the appointment time to save you having to come back. Modern vaccines are excellent today, so if you do feel nervous, please try not to worry – people are always surprised at how easy the injections are and unlike experiences remembered from the past!

It would help us greatly if you had some awareness of the travel health problems that you may be of risk from on your trip before you come for your appointment. Before you attend for your appointment please go to the following website, print off and read the information for the country you are visiting and bring it to the appointment with you:

www.fitfortravel.nhs.uk

Other useful websites to look at are:-

www.fco.gov.uk

www.nathnac.org

www.malariahotspots.co.uk

We look forward to seeing you and helping you to travel safely.

Personal details					
Name:			Date of birth: Male [] Female []		
Easiest contact telephone number: E mail:					
Dates of trip					
Date of departure					
Return date or overall length of trip					
Itinerary and purpose of visit					
Country to be visited		Length of stay		Away from medical help at destination, if so, how remote?	
1.					
2.					
Future travel plans					
Please tick as appropriate below to best describe your trip					
1. Type of trip	Business		Pleasure		Other
2. Holiday type	Package		Self organised		Backpacking
	Camping		Cruise ship		Trekking
3. Accommodation	Hotel		Relatives/family home		Other
4. Travelling	Alone		With family/friend		In a group
5. Staying in area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other
Personal medical history					
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)					
List any current or repeat medications					
Do you have any allergies for example to eggs, antibiotics, nuts?					
Have you ever had a serious reaction to a vaccine given to you before?					
Does having an injection make you feel faint?					
Do you or any close family members have epilepsy?					
Do you have any history or mental illness including depression or anxiety?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or planning pregnancy or breastfeeding?					
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?					
Please write below any further information which may be relevant					

Vaccination history					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

For discussion when risk assessment is performed within your appointment:

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

Signed: _____ Date: _____

FOR OFFICIAL USE					
Patient Name:					
Travel risk assessment performed Yes [] No []					
Travel vaccines recommended for this trip					
Disease protection	Yes	No	Further information		
Hepatitis A					
Hepatitis B					
Typhoid					
Cholera					
Tetanus					
Diphtheria					
Polio					
Meningitis ACWY					
Yellow Fever					
Rabies					
Japanese B Encephalitis					
Other					
Travel advice and leaflets given as per travel protocol					
Food water and personal hygiene advice		Travellers' diarrhoea		Hepatitis B and HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun and heat protection	
Websites	Travel record supplied				
	Other				
Malaria prevention advice and malaria chemoprophylaxis					
Chloroquine and proguanil		Atovaquone + proguanil (Malarone)			
Chloroquine		Mefloquine			
Doxycycline		Malaria advice leaflet given			
Further information					
e.g. weight of child					
Signed by: _____		Position: _____		Date: _____	