

## **ROTHWELL AND DESBOROUGH HEALTH CARE GROUP**

Travel and Vaccine Advice. This Practice is **not** a specialist dedicated Travel Centre and can only provide general travel advice.

**PLEASE NOTE: There is a currently a national problem in obtaining vaccines for travel. Some vaccines may not be available at the time your travel form is reviewed.**

To help the Practice Team give the best advice possible please complete the attached pre travel form and return it to the Practice Nurse who will then contact you and if required book an appointment after looking through your travel needs and obtaining the best advice available for you.

**This must be completed 8 weeks prior to your trip.** We may not be able to assist you if the forms are not returned in the time stated. This will be at the discretion of the travel nurse once she has all the necessary information. If we are unable to complete your vaccinations, there are alternative travel clinics which are listed at the bottom of this page.

**The Vaccines usually available from the Practice are:-**

Tetanus, diphtheria and polio (as one vaccine)  
Hepatitis A  
Hepatitis B  
Typhoid

**All other vaccinations and any of the above not available at our practice will need to be obtained via specialist dedicated Travel Clinics – these will include:-**

Rabies  
Japanese and Tick-borne encephalitis  
Yellow Fever  
Meningococcal Meningitis ACWY (compulsory for Haji)  
Meningitis C  
Malaria medication – this can be obtained from any chemist, pharmacist will advise how many tablets are needed. Surgery no longer issues a script.

Also patients with special medical problems will be directed to these clinics. These clinics will charge for their service.

**Useful Websites:**

[www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk)  
<http://www.nathnac.org/travel/>  
[www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers)  
[www.fco.gov.uk/travel](http://www.fco.gov.uk/travel)  
[www.nhs.uk](http://www.nhs.uk)

**Specialist Travel Clinics in our area:**

- Masta – <http://www.masta-travel-health.com/FindAClinic>
- Newport Pagnell – 0330 100 4200
- The Travel Clinic Ltd (Cambridge) – 01223 367362

**Yellow Fever Centres:**

- Weavers Medical Centre – 01536 513494
- Lakeside Corby – 01536 204154

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<b>PERSONAL DETAILS</b>						
Name:				Date of Birth:		
Male <input type="checkbox"/> Female <input type="checkbox"/>						
Best Contact Telephone Number:						
<b>DATES OF TRIP</b>						
Date of Departure:				Date of Return or length of trip:		
<b>ITINERARY AND PURPOSE OF TRIP</b>						
Country to be visited		Length of stay		Away from medical help at destination, If so, how remote?		
1.						
2.						
3.						
4.						
Future travel plans:						
<b>PLEASE TICK AS APPROPRIATE BELOW TO BEST DESCRIBE YOUR TRIP</b>						
1. Type of trip	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type	Package	<input type="checkbox"/>	Self Organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise Ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Relatives/family Home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family/friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>
5. Staying in area which is	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>PERSONAL MEDICAL HISTORY</b>						
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 nuts, eggs, antibiotics?						
Does having an injection make you feel faint?						
Do you or any close family members have epilepsy?						
Do you have any history of mental illness including depression or anxiety?						
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?						
Women only: Are you pregnant or planning a pregnancy or breast feeding?						
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	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	Yellow Fever	<input type="checkbox"/>	Influenza	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	Jap B Encephalitis	<input type="checkbox"/>	Tick Borne Encephalitis	<input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>					
TRAVEL VACCINES RECOMMENDED FOR THIS TRIP					
Disease protection	Yes	No	Further Information		
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>			
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>			
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>			
Cholera	<input type="checkbox"/>	<input type="checkbox"/>			
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>			
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>			
Polio	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis ACWY	<input type="checkbox"/>	<input type="checkbox"/>			
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>			
Rabies	<input type="checkbox"/>	<input type="checkbox"/>			
Japanese B Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>			
Tick Borne Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>			
Other					
TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL					
Food water and personal hygiene advice	<input type="checkbox"/>	Travellers' diarrhea	<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 an heat protection	<input type="checkbox"/>
Websites <input type="checkbox"/>		Travel Record card supplied <input type="checkbox"/>			
		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: \_\_\_\_\_ Date: \_\_\_\_\_