



## Yaxley Group Practice

### Travel Health Medication - Information for Patients

- Please complete the Travel Health questionnaire below and return it to the Practice, your notes will be analysed by one of our qualified Nurses, who are trained in travel health management.
- Most vaccinations are best given **6 weeks** prior to travel, if you have less time than this before you travel, we will aim to give you the necessary vaccinations. We require at least **4 weeks** before you travel otherwise you will have to attend one of the private travel clinics listed below (*please note charges will apply and they vary depending on provider*):-

<b>City Doc Peterborough</b> 63-65 Mayor's Walk West Town Peterborough PE2 6EX	Call 0203 733 5696 or book online at <a href="http://citydoc.org.uk">citydoc.org.uk</a>
<b>Boots</b> Queensgate Peterborough	Call 01733 312211 or online <a href="http://www.boots.com/Travel-Vaccines-Clinic">www.boots.com/Travel-Vaccines-Clinic</a>
<b>The Cambridge Travel Clinic</b> 41 Hills Road Cambridge CB2 1NT	Call 0330 100 4127
For European travel please visit website <a href="http://www.fitfortravel.nhs.uk">www.fitfortravel.nhs.uk</a> for vaccination advice.	

- Some vaccinations can not be given on the same day as others if they are 'live' vaccines; this may mean that two or more visits to the Health Centre are required.
- Some vaccinations have a charge, because the NHS does not fund them. These include:

Hepatitis B for travel (Course of 3)	£ 125
Hepatitis B Booster	£ 42
Yellow Fever (1 dose) + certificate	£ 60
Meningitis ACWY (1 dose) + letter	£ 55
Rabies (Course of 3)	£ 140

- Payment will be expected in full on the day of vaccination.
- Malaria medication may be required for certain destinations. The Nurse will inform you if you need to do this. This is prescribed on a Private prescription, and the cost will vary depending on which medication you are prescribed and for how long. Please book a telephone consultation with our prescribing pharmacist within the surgery to receive this if required. When you speak to the prescribing pharmacist, you need to know exactly where you are going and for how long. If your travel plans are complex (going in and out of Malaria prone areas) then the prescribing pharmacist may need to see an itinerary.
- Japanese B Encephalitis is not given at this Health Centre, if you require this you will have to go to one of the private Travel Clinics. A charge will be made.
- If you have any further queries please speak to a member of the Reception Team.

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?					
<i>Women only:</i> Are you pregnant or planning 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		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 card 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: