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| Please book an appointment with a nurse upon collecting this form. Our nurse can then cancel your appointment if your vaccines are all up-to-date and you do not need travel advice, or if we are unable to supply the vaccines you need.Please complete this form 6-8 weeks before travel, and please hand it on prior to your appointment.**We are ONLY doing NHS funded vaccines, you will need to attend a private clinic for non-NHS vaccines: Rabies, Hepatitis B, Tick, Japanese encephalitis, Meningitis and Yellow fever [please see surgery travel leaflet for alternative centres.**  |
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| --- | --- | --- | --- |
| Name: |  | Age: |  |
| Date of Birth: |  | Gender: |  |
| Telephone Number: |  |
| If for any reason we are unable to contact you, can we leave a message with a relative? YES/NO |
| If yes, who and which number is best: | Name: |  |
|  | Number: |  |
| Trip dates: | Departure: | Return:  |
| Length of Trip: |  |
| Purpose of visit: |  |
| Itinerary:  |
| Country/Place: | Length of stay: [in each country] |
| 1 |  |
| 2 |  |
| 3 |  |
| Are you staying somewhere remote, away from medical help? | YES | NO |
| If yes, where? |  |
| Do you have any recent or past medical history that could affect the choice of vaccines or malaria tablets? If yes, please write below: |
|  |
| Are you on any repeat medication supplied by a private clinic, hospital, or chemist? If yes, please write these here: |
|  |
| Do you have any allergies? E.g.: Eggs, Antibiotics, medicines, plasters, etc? |  |
| Trip Description:  |  PLEASE CIRCLE YOUR ANSWERS BELOW.  |
| Trip Type: | Business | Leisure | Other |
|  |
| Holiday Type: | Package | Self-organised | Volunteer |
|  | Backpacking | Camping/Glamping | Cruising |
|  | Trekking | Medical/Surgery | Other |
|  |
| Accommodation: | Hotel | Hostel | Cruise ship |
|  | Tent | Apartment | Family home |
|  | Other |  |  |
|  |
| Travelling: | Alone | Family/Friends | Group |
|  |
| Area: | Urban  | Rural | High Altitude |
|  |
| Planned Activities: | Safari | Adventure | Scuba-diving |
|  | Helping Animals | Other |  |
|  |
| Have you ever had a serious reaction to a vaccine given to you before?E.g.: Anaphylaxis, breathless, chest pain. |
|  |
| Do you have any of the following conditions, if so please circle them: |
| Thymus disorder/ Removal | Spleen disorder/ Removal | Kidney or liver problem | Heart disease/ Surgery | HIV | Diabetes | Previous DVT/ Clots |
|  | YES | NO |
| Does having an injection make you feel faint? |  |  |
| Do you or any family members have epilepsy/fits? |  |  |
| Do you have any history of mental illness inc. depression/anxiety? |  |  |
| Have you recently undergone radiotherapy, chemotherapy, or steroid treatment? |  |  |
| Have you taken out travel insurance? If you have any medical conditions, have you informed the insurance company about this? |  |  |
| Females Only: Are you pregnant, planning pregnancy or breast feeding? |  |  |
| Please give any further information that may be relevant including any future travel plans in the next 6 months. |
| Have you had any vaccinations outside the surgery e.g., private clinics/MOD? If so, when and what were they? |
| I give permission for the nurse to check my notes prior to my appointment and ring me or my nominated person for further information if needed. |
| Name: | Signed on behalf of patient [ ]  |
| Signature: | Date: |