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| **SECTION ONE** - TO BE COMPLETED BY PATIENT |
| Name:       | DOB:       | Sex: |
| Male [ ]  Female [ ]  |
| Address:      | GP:      GP Address:       |
| Postcode:       | Postcode:       |
| Tel No.       | Tel No.       |
| Current Health Problems:       | Past Medical History of note? Or currently undergoing chemotherapy/ radiotherapy/ steriod treatment?:      |
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|
| Current Medication:      | Allergies (e.g. eggs, antibiotics, nuts,latex):      |
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|
| Have you ever had a serious reaction to a vaccine given to you before? Yes [ ]  No [ ]   | Pregnancy? Yes [ ]  No. of weeks:        |
|   | No [ ]  N/A [ ]  |
| **TRAVEL DETAILS**: (in order first to last) | Date of Departure:       | Total duration:       |
| ***Destination*** | ***Length of Stay*** |
|       |        |
|       |       |
|       |       |
|       |       |
| **Type of trip** (please tick all that apply) | **Areas Visiting** | **Accommodation** |
| [ ]  Travelling with Family | [ ]  Travelling with Friends | [ ]  Travelling Alone | [ ]  Urban  [ ]  Rural  [ ]  Altitude  [ ]  Beach  | [ ]  Good  [ ]  Basic  [ ]  Poor  [ ]  Not Known  |
| [ ]  Package Holiday  | [ ]  Immigration  | [ ]  Voluntary/ Charity Work  |
| [ ]  Cruise  | [ ]  Organised Adventure  | [ ]  Elective/ Student  |
| [ ]  Business <3 Months  | [ ]  Backpacking  | [ ]  Aid Worker  |
| [ ]  Business >3 Months  | [ ]  Visiting family/friends  | [ ]  Self Organised  |
| Occupation/Activities Abroad:      |
|
|
| **Vaccination History** Have you ever had any of the following vaccinations / malaria tablets and if so when? |
| Tetanus [ ]  |        | Meningitis [ ]  |        | Hepatitis A [ ]  |       |
| Polio [ ]  |        | Yellow Fever [ ]  |        | Hepatitis B [ ]  |       |
| Diphtheria [ ]  |        | Influenza [ ]  |        | Jab B Enceph [ ]  |       |  |
| Typhoid [ ]  |        | Rabies [ ]  |        | Tick Borne [ ]  |       |
| Other:       |
| Malaria Tablets:       |
| **PLEASE NOTE**: Some Vaccines/Malaria Tablets are not covered by the NHS and will incur a charge; this will be discussed before the vaccines are given. There may be a charge for private patients. |
| **PLEASE BRING THE COMPLETED QUESTIONNAIRE TO YOUR APPOINTMENT WITH THE TRAVEL NURSE.****SECTION TWO -** TO BE COMPLETED BY HEALTHCARE PROFESSIONAL |
| Patient Name:       |
| Patient Advised of Possible Private Charge? Yes [ ]  No [ ]   |
| Travel Risk Assessment Performed Yes [ ]  No [ ]  |
| ‘I Consent to the Vaccinations being Given’ Patient Signature:       |
| **Travel vaccines recommended for this trip \****Possible private cost, not covered by NHS* |
| Disease Protection | Yes | No | Patient Declined | Further Information/ Schedule |
| Hepatitis A | [ ]  | [ ]  | [ ]  |        |
| Hepatitis B\* | [ ]  | [ ]  | [ ]  |       |
| Typhoid | [ ]  | [ ]  | [ ]  |       |
| Cholera | [ ]  | [ ]  | [ ]  |       |
| Tetanus | [ ]  | [ ]  | [ ]  |       |
| Diphtheria | [ ]  | [ ]  | [ ]  |       |
| Polio | [ ]  | [ ]  | [ ]  |       |
| MMR (Measles, Mumps, Rubella)\* | [ ]  | [ ]  | [ ]  |       |
| Meningitis ACWY\* | [ ]  | [ ]  | [ ]  |       |
| Yellow Fever\* | [ ]  | [ ]  | [ ]  |       |
| Rabies\* | [ ]  | [ ]  | [ ]  |       |
| Japanese B Encephalitis\* | [ ]  | [ ]  | [ ]  |       |
| Other | [ ]  | [ ]  | [ ]  |       |
| **Malaria Prevention advice and malaria chemoprophylaxis\*** |
| Chloroquine and proguanil |        | Atovaquone + Proguanil |       |
| Chloroquine  |       | Mefloquine |        |
| Doxycycline |       | Malaria advice leaflet given |       |
| **Travel Advice/ Risks Discussed/ Leaflets given** |
| **Advice/Risk** | **Yes No N/A** | **Advice/Risk** |  **Yes No N/A** |
| Bite Avoidance | [ ]  [ ]  [ ]  | Schistosomiasis |  [ ]  [ ]  [ ]  |
| Food/Water Hygiene | [ ]  [ ]  [ ]  | Insurance/Accidents |  [ ]  [ ]  [ ]  |
| Blood Borne Viruses | [ ]  [ ]  [ ]  | Sun Protection |  [ ]  [ ]  [ ]  |
| Rabies | [ ]  [ ]  [ ]  | Air Travel |  [ ]  [ ]  [ ]  |
| Traveler's Diarrhoea | [ ]  [ ]  [ ]  | Bodily Fluid Infections |   [ ]  [ ]  [ ]  |
| Other (Please Specify)       |
| **Further Information** |
|        |
|
|
|
|
| Completed By:       | Date:       |
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