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| **Lakeside & Grappenhall Surgery** **Travel Vaccine Form** | **Date Received** |  |
| **Admin Initials** |  |
| **Personal details** |
| Name:Address: |  Date of birth: Male [ ] Female [ ] |
| Easiest contact telephone number |
| **Dates of trip** |
| Date of Departure |
| Return date or overall length of trip |
| **Itinerary and purpose of visit** |
| Country & area to be visited in order of trip | Length of stay | Away from medical help at destination, if so, how remote? |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 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 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? |
| Do you have a condition that may suppress your immune system e.g. lymphoma, Hodgkin disease, HIV |
| ***Women only:*** 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. |
| **Please complete the following section of your immunisation history.** |
| Imms | Date Immunised | Never had | Don’t know |
| Tetanus |  |  |  |
| Diphtheria |  |  |  |
| Polio |  |  |  |
| Typhoid |  |  |  |
| Hepatitis A |  |  |  |
| Yellow Fever |  |  |  |
| Hepatitis B |  |  |  |
| Rabies |  |  |  |
| Meningitis ACWY |  |  |  |
| Japanese B Encephalitis |  |  |  |
| Tick borne encephalitis  |  |  |  |
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| FOR OFFICIAL USE Appt Date:………………………Appt Time:…………………………. |
| 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 |  | Traveller’s diarrhoea |  | Hepatitis B and HIV |  |
| Insect bite prevention |  | Animal bites |  | Accidents |  |
| Insurance  |  | Air travel |  | Sun and heat protection |  |
| Websites: [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk/)[www.travelhealthpro.org.uk](http://www.travelhealthpro.org.uk/) | 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 |

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Signed by: Position: Date:

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