Chastleton Medical Group Travel Form

- 1. Please note this form needs to be completed and returned at least 8 weeks before travel and may take up to two weeks to be actioned by a nurse.
- 2. We continue to administer the following NHS travel vaccines Hepatitis A, Typhoid, Diphtheria, Tetanus and Polio.
- 3. If you are travelling at short notice or require private vaccinations, you will need to seek advice from a private travel clinic.

Personal details:	Male/Female	Date of birth:		
Name:		Departure date:		
		Return date:		
Telephone number:				

Do you consent to receiving SMS messages from Chastleton Medical Group? YES / NO

Can we speak to another person on your behalf? Name of person:

ITINERARY DESTINATION AND REGION	LENGTH OF STAY	AWAY FROM MEDICAL HELP AT DESTINATION? HOW REMOTE?			

Type of trip:	Business	Pleasure	Visiting family/friends		
Holiday type:	Package	Self-organised	Back packing		
	Camping	Cruise ship	Trekking		
Accommodatio n:	Hotel	Relatives/family home	Other (please specify)		
Travelling:	Alone	With family/friends	In a group		
Staying in area which is:	Urban	Rural	Altitude		
Planned activities:	Safari	Adventure	Other (Please specify)		

Women: Pregnant	Breast Feeding	Planning a pregnancy
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For nurses to complete

Disease Protection	Date of Previou s vaccinations	Vaccination s Recommend ed	Cost of Vaccine	Further Informatio n
Hepatitis A			NHS	
Typhoid			NHS	
Tetanus			NHS	
Diphtheria			NHS	
Polio			NHS	

Private vaccinations to consider:

Нер В	F	Rabies		JE		MenACWY		TBE		Cholera	
Other: please specify											
Malaria Risk: High Low No risk (delete as appropriate)											
Bite prever	ntio	n advice (disc	cussed							
Please book aminute appointment.											
Further information:											
Nurse:								Date	:		

Please visit the Chastleton Medical Group website at <u>www.chastletonmedicalgroup.co.uk</u> for more information and advice.