

FULWELL MEDICAL CENTRE, SUNDERLAND, SR6 8DZ

Pre-travel vaccination patient questionnaire

Please read carefully

You have requested a vaccination be administered by our practice nurse. Before we can arrange for this to be carried out, we would ask that you please read the following information carefully.

- Not all vaccinations are covered by the NHS, in which case you will be advised to contact a travel clinic to receive private vaccinations at a cost to yourself.
- Please ensure you allow adequate time to receive your NHS vaccine course if you are travelling abroad. **We would recommend a minimum of 8 weeks prior to travel, to ensure you have adequate cover before travelling. If you are travelling in under 8 weeks, we strongly advise you to contact a travel clinic as it is unlikely we can accommodate you at such short notice.**
- If we have an appointment available to suit your travel dates we will provisionally book the appointment(s) with our practice nurse. One appointment per person.
- The pre travel vaccination questionnaire is provided to you at the time you book your appointment, and is available either at Reception or via the practice website <https://fulwellmedicalcentre.nhs.uk>.
- Once you have completed the vaccination request form, we shall be able to determine the vaccines you require and if they can be done by our practice nurse here at the surgery, or if you need to attend a travel clinic. Your form will be actioned within 10 working days, and then you will be contacted on your preferred contact number to confirm the outcome.
- When you attend the surgery to have the vaccine administered you are required to wait in the waiting room for a further 10 mins afterwards in case of any adverse reaction.

For more information on what vaccinations you may need visit :- NaTHNaC.net or www.fitfortravel.nhs.uk/

Suggested Travel Clinics:-

CityDoc, Tel: 0334 145984 (option 1) or www.citydoc.org.uk to book online

Boots, The Bridges, Sunderland Tel: 0191 5670933 (option 3)

East Boldon Village Pharmacy, Tel: 0191 5367459

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ONE SHEET PER FAMILY MEMBER TO BE COMPLETED

FULL NAME:-.....

DOB:-.....

PREFERRED CONTACT NUMBER:-.....

HOLIDAY DETAILS

DATE OF DEPARTURE.....

DATE OF RETURN.....

I will be visiting the following countries:- (list all countries/airports you will be travelling through)

1. Time in country (days).....
2. Time in country (days).....
3. Time in country (days).....
4. Time in country (days).....

Purpose of your trip:- Holiday/Visiting Family or Friends/Business/Charity or Work Aid/Other

If other please state.....

If work please explain.....

Mode of transport:- aeroplane/boat/car/other

Accommodation:- Hotel/Apartment/Hostel/Caravan/Camp Site/Cruise Ship/Relative or Friends Home/Other

Food Provision:- Full Board/Half Board/All Inclusive/Self Catering/Special Diet/Other

If other please state:-.....

Any **AT RISK** activities you plan to engage in (e.g. sports/safari/adventure/back packing) please state:-

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Medical History:-

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