BALLASALLA MEDICAL CENTRE – TRAVEL FORM

Travel vaccinations are not available on the NHS. When the Practice Nurse has your advice ready she will contact you by telephone so please make sure we have your up to date contact details. if you have heard nothing within a week please contact the surgery. This telephone call from the nurse confirms your acceptance of this course and any fees are non-refundable

PLEASE NOTE: WHILST EVERY EFFORT IS MADE TO PROVIDE COMPREHENSIVE ADVICE, YOU NEED TO BE AWARE THAT RECOMMENDATIONS ON TRAVEL IMMUNISATIONS ARE CONSTANTLY UPDATED AND MAY CHANGE. THIS PROCESS IS TIME CONSUMING AND THEREFORE WE NEED AS MUCH NOTICE AND INFORMATION OF YOUR TRAVEL PLANS AS POSSIBLE.

The following travel vaccines are available to purchase from Ballasalla Medical Centre at the prices listed below. The number of vaccines required is dependent on consultation with the Practice nurse.

Vaccine	Price per vaccine		
Hepatitis A - Adult	£50.00	These prices include the	
Typhoid Injection	£40.00	cost of administering the	
Tetanus	£15.00	vaccine.	

All other travel vaccines may be purchased from any pharmacy with a private prescription from the Practice nurse at a cost of £25 per prescription. The cost for the nurse to administer these vaccinations is £20 per person, £50 per family and £40 for a backpacker/traveller.

GENERAL ADVICE

<u>Malaria</u>

If you have been prescribed or advised to take anti-malarial tablets whilst abroad, it is necessary to follow the advice enclosed with the medication carefully. It is important to AVOID PREGNANCY whilst taking anti-malarial drugs and for a period of THREE MONTHS after your course of drugs is completed.

Protection Against Mosquito Bites

- Keep arms and legs covered, especially in the evening and at night
- Use insect repellents on exposed skin
- Use insecticides in bedrooms
- Use bed and window netting if in tropical areas
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Water"When in doubt, miss out". Unless sure of purity of the local water, use bottled or boiled waterFoodUse common sense, especially with shellfish, uncooked foods and salads

- **Sun** Exposure to sun increases the risk of skin cancer and can lead to dehydration and sun stroke. When possible, cover up, wear sun hat and sunglasses. Also use a high factor sun protection (cream), reapplying frequently, especially after swimming. Take special care with babies and children
- **<u>Rabies</u>** Rabies is a real risk in many countries. Try to avoid any animal contact. If you come into contact with any animals and think you may be at risk you must seek immediate medical help.

HIV & Sexually Transmitted Diseases Beware of casual sex - Use a condom Yellow Fever immunisations These are not available at Ballasalla Medical Centre. The Practice nurse will advise you of where the Yellow Fever Centre is if these vaccinations are required.

<u>**Travel Insurance**</u> - Whenever traveling abroad, always make sure that you have good medical insurance and enough insurance cover to enable you to be brought home as soon as possible in the event of an accident. Should you become ill following foreign travel please contact your doctor.

Ballasalla Medical Centre

TRAVEL RISK ASSESSMENT FORM

Please complete this form and return it to receptionist. There is a charge for **CONSULTATION AND ADMINISTRATION OF ANY VACCINES.** Please ask for current fees.

Personal details							
				Date of birth:			
Name:							
	Male []						
Most suitable telephone number for contact during work hours							
Address							
Dates of trip							
Date of Departure							
Return date or overall	length of	trip					
Itinerary and purpose			-				
Country to be visited (if	Length of	f stay	Away from medical help at			
possible please include				destination, if so, how remote?			
town/city, region/area) 1.							
1.							
2.							
3.							
Please tick as appropr	iate below	v to best de	scribe your	trip			
1 True of twin	Busines	0	Pleasure		Other		
1. Type of trip	Dusines	5	Fleasure		Other		
2. Holiday type	Package		Self organi	sed	Backpacking		
		c Sen organ			B		
	Campin	g	Cruise ship)	Trekking		
3. Accommodation	Hotel		Relatives /		Other		
		family hom					
4. Travelling	Alone		With famil friend		In a group		
5 Storing in and	T Lula				A 14:400 d.c	┼──┤	
5. Staying in area which is	Urban		Rural		Altitude		
6. Planned activities	Safari		Adventure		Other	+	
o, i familie activities	Salar						
	1		1			1	

1. Do you have any recent or past medical history of note? This includes diabeter conditions, thymus disorder	s, heart or lung Yes □ No □
If yes please give details	
2. Are you taking any current or repeat medications?	Yes □ No □
If yes please give details	
3. Do you or any close family members have a history of epilepsy?	Yes □ No □
If yes please give details	
4. Do you have any history of mental illness including depression or anxiety?	Yes □ No □
If yes please give details	
5. Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	Yes 🗆 No 🗆
If yes please give details:-	
6. Have you ever had a serious reaction to a vaccine given to you before?	Yes 🗆 No 🗆
If yes please give details :-	
7. Do you have any other allergies, e.g. eggs, antibiotics, nuts?	Yes 🗆 No 🗆
If yes please give details :-	

8. Please give any further information that may be relevant, including any future travel plans.

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Vaccination History						
Have you ever had any of the following vaccinations / malaria tablets and if so when?						
Tetanus	Polio	Diphtheria				
Typhoid	Hepatitis A	Hepatitis B				
Meningitis	Yellow Fever	Influenza				
Rabies	Jap B Enceph	Tick Borne				
Other						
Malaria tablets						

FOR PRACTICE USE ONLY

NAME..... DATE OF BIRTH.....

Most suitable telephone number for contact during work hours

TRAVEL ADVICE

From the information you have given us we would recommend that you have the following immunizations:-

Recommended anti-malarial treatment:-

PLEASE NOTE IT IS ESPECIALLY IMPORTANT TO ADHERE AT ALL TIMES TO THE ADVICE GIVEN ON THE INFORMATION SHEET