

NORTHFIELD MEDICAL CENTRE Travel Appointment Information

Date Received:

Dear Patient,

Travelling abroad is becoming increasingly popular and the variety of different adventurous types of trips also on the increase. This means that the risk assessment within your travel appointment with the practice nurse is now more complex.

A risk assessment needs to be carried out before deciding which vaccines are recommended and the advice that will best address your particular needs.

To help the process along you will be asked to complete a risk assessment form. One of the practice nurses will then review this form and you will be contacted to book an appointment.

Travel assessment forms should be completed and returned to the surgery 8 weeks prior to your date of travel to enable our practice nurses to undertake a travel risk assessment, vaccine requirements, order the necessary vaccinations and offer an appointment. The surgery will contact you to offer you a travel appointment.

The surgery offers a variety of travel vaccinations, however there are some vaccines that we do not provide and you will be directed to a private travel clinic which can provide these to you.

Please turn over for a list of vaccinations which are provided.



NORTHFIELD MEDICAL CENTRE Available Travel Vaccines & Prices

Vaccination	Price
Tetanus / Diphtheria / Polio	Available on NHS
Hepatitis A - Adult	Available on NHS
Hepatitis A - Child	Available on NHS
Typhoid - 2 years+	Available on NHS
Hepatitis A & Typhoid - (Combined) - Adult	Available on NHS
Cholera	Available on NHS
Hepatitis A & B - (Combined) - Adult	Available on NHS
Hepatitis A & B - (Combined) - Child	Available on NHS
Hepatitis B - Adult	Not available - Private Clinic Required
Hepatitis B - Child	Not available - Private Clinic Required
Meningitis ACWY	Not available - Private Clinic Required
Rabies	Not available - Private Clinic Required
Yellow Fever	Not available - Private Clinic Required
Japanese Encephalitis	Not available - Private Clinic Required
Tick Bone Encephalitis	Not available - Private Clinic Required
Malaria Prophylaxis Private Prescription	£25 + Cost of medication at pharmacy

Next step.....

Please complete the Pre-Travel Health Assessment Form attached and return to reception.

Please note all forms must be fully completed to allow the practice nurse to carry out a proper risk assessment. Incomplete forms will be returned which may cause a delay in you being able to receive your vaccinations.

Northfield Medical Centre

TRAVEL RISK ASSESSMENT FORM - to be completed by traveller prior to appointment.

Name:	me: Your country of origin:					
		C	Date of birth:			
		n	√ale □	Fem	ale 🗆	Non-binary 🗆
E mail:			elephone	one number:		
PLEASE SUPPLY INFORM	MATION ABOUT YO				LOW	
Date of departure:		1	otal lengt	h of trip:		
COUNTRY TO BE VISITED	COUNTRY TO BE VISITED EXACT LOCATION O		REGION	ION CITY OR RURAL LENGTH OF STA		
1.						
2,						
3.						
What modes of transport Have you taken out trav Do you plan to travel ab	el insurance for th	is trip?				
TYPE OF TRAVEL AND P		1,273,100,000		AT APPLY		
□ Holiday	☐ Staying in hote	in hotel Backpacking Additional information			onal information	
☐ Business trip	☐ Cruise ship trip	ruise ship trip				
□ Expatriate	□ Safari □ Adventur		enture	ure		
☐ Volunteer work	□ Pilgrimage	grimage 🗆 Diving				
☐ Healthcare worker	☐ Medical touris	m 🗆 Visi	ds/family			
PLEASE SUPPLY DETAILS	OF YOUR PERSON	VAL MEDICA	AL HISTOR	RY		
			YES	NO		DETAILS
Are you fit and well tod:						
Any allergies including f						
Have you, or anyone in reaction to a vaccine or						
Tendency to faint with i	njections					
Any surgical operations heart surgery, spleen or			1-			
Recent chemotherapy/r	adiotherapy/organ	transplant				
Anaemia						
Bleeding /clotting disord		motoring station in all constitutions				
Heart disease (e.g. angir	na, high blood pres	sure)				
Diabetes	e alica bilita			-		
Additional needs and/or		(South	-		_	
Epilepsy/seizures (or in Gastrointestinal (stoma	the state of the s	verj				
Liver and or kidney prob	and the second		-			
HIV/AIDS						

	YES	NO	DETAILS
Immune system condition e.g. blood cancer			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Are you or your partner pregnant or planning a pregnancy?			
Are you breast feeding (if applicable)			
Have you or anyone in your family undergone FGM / been cut / circumcised			

e you currently taking any medication (including prescribed, purchased or a contraceptive pill)?			

PLEASE SUPPLY INFORMATION	ON ANY VACCINES OR MALAF	RIA TABLETS TAKEN IN THE PAST
Tetanus/polio/diphtheria	MMR	Influenza
Typhoid	Hepatitis A	Pneumococcal
Cholera	Hepatitis B	Meningitis
Rabies	Japanese encephalitis	Tick borne encephalitis
Yellow fever	BCG	Other
COVID 19 (dates brand etc.)		

COVID-19 (dates, brand etc.)

Malaria Tablets

any additional information	