**Travel Form**

**If appointments are not available, or you are due to travel in less than 8 weeks, you will be advised to attend a local pharmacy or private clinic.**

Please ensure you fill out the Travel Form and advise us of any other vaccines you have been given elsewhere. It is your responsibility to complete this form as fully and accurately as possible. Any advice given will be based on the information you include.

You will need to allow a minimum of 8 weeks prior to your departure to obtain our travel services. We will then do our best to offer a travel clinic appointment with a Practice Nurse. You should allow 20-30 minutes for this travel consultation. This will be subject to clinic availability. Healthcare appointments will always take priority over travel services.

Please take the time to look at the National Travel Health Network and Centre website at [NaTHNaC](https://nathnac.net/) for vaccinations that you may need to consider.

**Once you have completed your form you need to bring it to the surgery.**

**The nurse will then review your records and a text message will be sent to your mobile informing you if any vaccinations are required. We offer 2 Travel clinics per month. If these are fully booked, you will be signposted to an alternative service.**

**TRAVEL CHARGES as of July 2024**

***Public Health vaccinations***

 **Hepatitis A or Typhoid or Diphtheria/Tetanus/Polio**

 Free for patients registered under the NHS with this practice.

#  Cholera

The practice will issue a prescription on the NHS for you to obtain the vaccine from the pharmacy (for the usual NHS prescription fee) then the practice can give you the vaccination free under the NHS.

 **Other travel costs:**

 Fitness to travel letter/certificate £25.00 inc VAT

 Holiday cancellation insurance claim £35.00

#

# Travellers

If you are travelling in less than 8 weeks or have a complex itinerary please contact your local pharmacy.

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **Travelling with more than 8 weeks to go.**  |

 |  |
|

|  |
| --- |
| Fill in travel form and hand in to reception  |

 |  |

Visit **www.nathnac.org.uk** and **www.fco.gov.uk** for further advice

Text message will be sent informing you of the next steps needed to take

Make appointments for vaccinations as necessary.

|  |
| --- |
| **Please note – we put our NHS work first** **If we do not have available appointments in time for you to travel** **we will advise you to go to a** **private travel health clinic**  |

## Travel Risk Assessment Form

Name………………………………………………………………………. Tel no……………………………….

Date of Birth…………………………………………………………......... Male/Female……………………….

Dates of travel ……………………………………………………………………………………………………..

**Disclaimer : Please note that advice given is based on the details you give on this form.**

**It is your responsibility to give all relevant information.**

|  |  |  |
| --- | --- | --- |
| **Country and area to be visited**  | **Length of stay**  | **Away from medical help at destination? If so, how remote?**  |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

 **Please circle the descriptions that 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 an area which is**  | Urban  | Rural  | Altitude  |
| **6. Planned activities**  | Safari  | Adventure  | Other  |

**Personal Medical History**

Do you have any allergies for example to eggs, antibiotics, nuts?.....................................................................................................

Have you ever had a serious reaction to a vaccine given to you before?..........................................................................................

Do you or any close family members have epilepsy?.........................................................................................................................

Do you have any history of mental illness including depression or anxiety?.....................................................................................

Have you recently undergone radiotherapy, chemotherapy or steroid treatment/immune-compromised? Circle: **YES / NO**

Have you taken out travel insurance? If you have a medical condition, have you informed the insurance

 company about this?..........................................................................................................................................................................

Vaccinations received previously (if known)………………………………………………………………………………………………………………………………...

Please give any information that may be relevant including any future travel plans:

…………………………………………………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………..

**Women only**: I have no reason to think I may be pregnant and am not planning a pregnancy or breast feeding. **True / False**

**Everyone:** The information given on this form is accurate and complete to the best of my knowledge. **True / False**