

Dr. E. George MB. ChB. MRCGP

Springfield Surgery
 24-28 Commercial Road, Hazel Grove
 Stockport, Cheshire SK7 4AA
 Tel: **0161 426 5250**
 Fax: **0161 426 5262**
Sto-ccg.p88606-admin@nhs.net

Travel vaccination programme/Travel Health Questionnaire

- *Please complete this form and bring it with you when you see the nurse on your first appointment for travel health advice.*
- *Where possible, make an appointment at least 8 weeks before your departure as some vaccines have to be spread out over a number of weeks.*
- *Please complete a form for each person travelling and return to reception prior to appointment.*
- *Referral to a private travel clinic may be necessary.*

Name D.O.B.....
 Address
 Contact telephone number (also mobile no. if available)

1. Please list countries to visit, including any stopovers.

<i>Date of Departure</i>	<i>Country</i>	<i>Regions or Wildlife Parks</i>	<i>Coasts or Borders</i>	<i>Length of Stay</i>

2. Type of accommodation

3. Purpose of travel (business or holiday).....

4. Will you be travelling to any remote areas? (more than 24hrs from a medical centre)

5. Will you be back packing or camping?

6. Health and medical problems (Please tick those that apply)

<i>Heart Problems</i>	Diabetes	Asthma	High Blood Pressure	Epilepsy
Stroke	COPD	History of Depression or a Psychiatric Disorder		
Have you recently had any illness or surgery?				

**Please note we recommend that you tell your travel insurers about ALL illnesses you have suffered, and check that your insurance covers you.*

7. Are you pregnant YES/NO or, suspect you may be pregnant YES/NO or, planning to become pregnant in the near future? YES/NO

8. Do you have any allergies? Please list.....

.....

.....

9. Are you taking any medication? (incl. contraception) Please list

.....

.....

.....

10. Have you ever had any problems with vaccinations?

.....

11. Have you previously had vaccinations? If so when and which ones? Please list.....

.....

.....

NURSE TO COMPLETE

Vaccines recommended :-

.....

...

.....

.....

.....

.....

.....

TRAVEL ADVICE GIVEN

- ☐ Food & Water Safety
- ☐ Insurance
- ☐ Sun Safety
- ☐ Written travel literature
- ☐ Rabies risk – Urgent attention + warning re post exposure treatment, avoid contact animals
- ☐ Risk of blood borne diseases, incl. prev Hep B/HIV (safe sex etc)
- ☐ Insect bite prev. + diseases, spread via mosquitoes

MALARIA – Prophylaxis Cost £ for private prescription

- ☐ Doxycycline
- ☐ Malarone
- ☐ Larium
- ☐ Proguanil + Chloroquine
- ☐ Counselling about malaria tabs + side effects

.....

CONSENT

I consent to travel vaccinations being given

Name

Signature

Date