

TRAVEL VACCINATION QUESTIONNAIRE

PLEASE COMPLETE & RETURN THIS FORM TO RECEPTION AT LEAST 2-3 DAYS PRIOR TO YOUR APPOINTMENT.

IT IS ADVISABLE TO VISIT www.fitfortravel.scot.nhs.uk & REVIEW YOUR DESTINATION & RECOMMENDED VACCINATION & ANTIMALARIAL OPTIONS PRIOR TO YOUR APPOINTMENT.

NAME _____
 ADDRESS _____
 DAY TEL _____
 EMAIL _____

DEPARTURE DATE FROM UNI / LANCASTER: _____ FROM UK: _____

TYPE OF TRIP: business, leisure, activity i.e. safari, altitude, diving, backpacking, other – please specify

<p>SPECIFY ALL DESTINATIONS include stop-overs, all regions – rural/urban.</p>	<p>DURATION OF TRIP</p>	<p>ACCOMMODATION hotel, hostel, camping, air conditioning, self- catering, all inclusive</p>	<p>RISKS: i.e working in local community or with animals</p>
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PREVIOUS VACCINATIONS	YES / NO DATE		YES / NO DATE
Tetanus		Hepatitis B	
Diphtheria		Meningitis ACWY	
Polio		Rabies	
Tuberculosis		Yellow Fever	
Hepatitis A		Cholera	
Typhoid		Japanese B Encephalitis	
		Tick-borne Encephalitis	

PREVIOUS BLOOD TEST FOR HEPATITIS B? YES / NO DATE _____

ANY PREVIOUS ANTIMALARIAL TREATMENT? Please specify _____

IMPORTANT INFORMATION

YOU ARE ADVISED TO HAVE YOUR INITIAL TRAVEL ASSESSMENT WELL IN ADVANCE OF DEPARTURE TO ENSURE COMPLETION OF VACCINATION COURSES (MINIMUM 8 WEEKS, ALTHOUGH SOME VACCINE COURSES ARE LONGER).

ENSURE YOUR TRAVEL ITINIARY IS ORGANISED BEFORE ATTENDING TO ASSIST IN COMPLETING AN ACCURATE TRAVEL ASSESSMENT.

PLEASE BRING ALL RECORDS OF PREVIOUS VACCINATIONS TO YOUR APPOINTMENT.

THERE ARE CHARGES FOR SOME VACCINES (SEE BELOW) & **FULL PAYMENT IS REQUESTED AT THE START OF TREATMENT, (CASH OR CHEQUE & GUARANTEE CARD). PLEASE BRING MINIMUM £20 PAYMENT TO 1ST APPOINTMENT AS TREATMENT MAY COMMENCE THAT DAY.**

IT IS STANDARD PRACTICE TO RECOMMEND PATIENTS REMAIN IN THE WAITING AREA AT LEAST 10 MINUTES AFTER ANY VACCINATION (30 MINUTES FOR JAPANESE B ENCEPHALITIS VACCINE), AS A PRECAUTION IN THE RARE EVENT OF A REACTION.

ENSURE ADEQUATE TRAVEL INSURANCE FOR YOUR TRIP. IF TRAVELLING IN EUROPE YOU MAY BE ABLE TO APPLY FOR A EUROPEAN HEALTH INSURANCE CARD; FORMS AVAILABLE FROM THE NURSE, OR POST OFFICE, OR AT www.dh.gov.uk/travellers

PLEASE READ THE HEALTH QUESTIONNAIRE BELOW, SPECIFYING ANY PROBLEMS & INFORM THE NURSE AT THE START OF TREATMENT.

- DO YOU HAVE A FEVER, DIARRHOEA, OR VOMITING AT PRESENT?
- ARE YOU PREGNANT?
- ARE YOU TAKING STEROIDS?
- ARE YOU TAKING ANY OTHER MEDICATION?
- HAVE YOU EVER HAD ANY SERIOUS REACTIONS TO ANY PREVIOUS VACCINATIONS?
- ARE YOU ALLERGIC TO ANY MEDICATION?
- DO YOU HAVE A SEVERE ALLERGY TO EGGS?
- HAVE YOU EVER TESTED POSITIVE TO HIV?
- HAVE YOU RECEIVED TREATMENT FOR ANY TYPE OF CANCER OR MALIGNANT TUMOUR IN THE LAST YEAR?

NO CHARGE VACCINES	CHARGEABLE VACCINES	VACCINE FEE (£s)
Tetanus	Hepatitis B	Course 3 vacs £40; single booster vac £15
Diphtheria	Meningitis ACWY	Single vac £20
Polio	Rabies	Course 3 vacs £142; single booster vac £50
Typhoid	Japanese B Encephalitis	Patient buys private prescription. Practice charge £40 admin fee
Hepatitis A	Yellow Fever	Single vac £65
	Tick Borne Encephalitis	Patient buys private prescription. Practice charges £40 admin fee
	Cholera	Available from chemist