

Quay Medical Care Ltd, on behalf of THE ADAM PRACTICE
Patient Information Sheet: TRAVEL RISK ASSESSMENT & APPOINTMENT INFORMATION

When travelling abroad, it is often necessary to have travel vaccinations prior to travelling to protect your health whilst in foreign countries. This sheet aims to provide you with the information required to be able to adequately supply you with the correct treatment for these travels as well as provide details for the Nurse administering your vaccines. It is advisable to ideally have any vaccinations **6-8 weeks** in advance of travel. Although we may be able to supply vaccinations in a shorter time frame if necessary, we **cannot** provide appointments within 1-2 weeks of travel.

It may assist you to know a little about the countries you are travelling to and any health travel problems that you may be at risk from on your trip before you book an appointment. The following website will be able to provide information on your destinations: www.travelhealthpro.org.uk
 Other sites that may be of use are; www.fco.gov.org; www.nathnac.org; www.malariahotspots.co.uk;
 Yellow Fever Info Leaflet: <https://nathnacyfzone.org.uk/media/lib/mllib-uploads/full/nathnac-yf-information-print-duplex-flip-on-short-edge.pdf>

Before you book your appointment it would help us greatly to know about your travel itinerary and any significant aspects of your health in the past. Therefore we would be grateful if you would complete the attached travel risk assessment and bring/send it to the surgery as we cannot provide vaccinations without completed risk assessment forms from all those who are travelling. Our Travel Nurses will then assess the form and which vaccinations you require. Due to the questions that this assessment may raise, or if you require chargeable vaccinations, you may receive a telephone call from the nurse to discuss the vaccinations she is proposing and the charges involved. If you do not receive a call from the nurse about any queries or charges; our administrative team will contact you to let you know that you can make an appointment for NHS vaccinations.

Most travel vaccinations are not supplied via the NHS and if the nurse has assessed that you require any vaccinations that are chargeable, when you make the appointment you will be asked to pay for your vaccines in full. Payment can be made in the form of either Cash or Cheque (we do not currently accept card payment). If you do not attend your appointment an administration charge of £15 will be levied.

Charges for vaccinations for travel are as follows;

Vaccine	Number Required	Total Cost
Hepatitis B	3	£85.00
Hep B Booster	1	£40.00
Japanese Encephalitis	2	£205.00-£215.00
Japanese Encephalitis Booster	1	£90.00-£105.00
Meningitis - Menveo	1	£85.00
Meningitis – ACWY	1	£50.00
Rabies	3	£175.00
Rabies Booster	1	£70.00
Yellow Fever	1	£70.00
Cholera	2 tablets	£110.00
Tick Borne Encephalitis	3	£165.00
MMR	2	£55.00
MMR – Booster	1	£40.00
Polio – Cert of Administration	N/A	£10.00

Vaccinations that may be given for travel supplied free under the NHS include; Hepatitis A, Typhoid, Tetanus\Diphtheria\Polio. You may also be offered these, dependant upon where you are travelling.

Please use the following for information\reminder regarding your appointment:

Date: **Time:**

Surgery: **With:**

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RISK ASSESSMENT: FOR COMPLETION BY PATIENT PRIOR TO APPOINTMENT

PERSONAL DETAILS:

Name:			
Date of Birth:		Male \ Female	
Daytime Contact telephone no.:		E-mail Address:	

DATES OF TRIP:

Date of Departure:		Return Date or overall length of trip:	
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ITINERARY AND PURPOSE OF VISIT:

Country to be visited; <small>(please add others on separate sheet if more than 3)</small>	Length of Stay;	Are you away from Medical help? (if yes how remote?)
1		
2		
3		

Please tick which best describes your trip:

1. Type of trip	Business		Pleasure		Medical Tourism		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: (Please continue on separate sheet if necessary)

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder)

List any current or repeat medications:

Do you have any allergies? (e.g. to eggs, antibiotics, nuts?)

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

Does having an injection make you feel faint?

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?

Women Only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition informed the insurance company about this?

Please complete any other information that may be relevant

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VACCINATION HISTORY:

Have you ever had any of the following vaccinations, and if so, when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne Enceph	
Anti Malaria drugs		Other			

Patient confirmation:

I hereby confirm that the information supplied on this sheet is correct to the best of my knowledge and consent to an Adam Practice nurse assessing my needs in terms of vaccines to be given for the trip detailed on this sheet and then providing these vaccinations.

I have no reason to think that I might be pregnant.

Signed: _____ **Date:** _____

This risk assessment will be added to your medical record and any vaccinations deemed necessary by our trained travel nurses will be authorised by a GP on the basis of information supplied by you, the patient, above.

For completion by the Travel Nurse;

After assessment of the information given on this form and if necessary, telephone consultation with the patient, the following travel vaccinations are advised (tick box). The patient's risk has been assessed below as **Green, Amber** or **Red** prior to forwarding to GP/Prescriber.

Diphtheria/Tetanus/Polio (✓)	Typhoid (✓)	Hepatitis A (✓)	Hepatitis B (✓)	Meningitis (✓)	Malaria (✓)
Cholera (✓)	Rabies (✓)	Japanese Encephalitis (✓)	Tick-Borne Encephalitis (✓)	Yellow Fever (✓)	

GREEN No concerns over vaccinations	AMBER Some concern over vaccination -Needs to be d/c with GP/Prescriber	RED Serious concern over health/vaccinations to be given. To be referred to GP/prescriber
(✓)	(✓) Comment:	(✓) Comment:

Signed: (Nurse) _____ Date: _____

Authorisation given for vaccinations

Signed: (GP) _____ Date: _____

Comments: