

## The Bute Practice Travel Vaccination form – 2017/18

Please read carefully and retain this page of the form. You need to complete one form for each family member travelling.

Many diseases can be contracted from foreign travel and as more people travel abroad, especially to remote destinations, it is becoming common to see travel related illnesses presenting. Many of these infectious diseases can be avoided by taking simple preventative measures or with immunisation.

**For the practice to be able to provide you with an appropriate travel vaccination service, we need you to:**

1. Complete a travel vaccination request form. This must be done and the forms can be collected from reception or downloaded from our website –
2. Hand in your form **AT LEAST 6 WEEKS** prior to travel. If you require a course of vaccinations such as Rabies these need to be given at intervals and need time to take effect.
3. Give us as much information on your travel form as you can.
4. Be available to speak to the healthcare professional when they call you to discuss your requirements.
5. Attend your appointments. If you do not attend your appointments for vaccination, we may have to refer you to one of the local travel clinics as we will be unable to help you.
6. Realise that some vaccinations and anti-malarial drugs are chargeable and are not provided on the NHS. If you require a 'private' vaccination, there will be a charge for this which is payable by cash or cheque at the front desk. The healthcare professional will notify you if this is the case.

**We want you to enjoy your holiday safely. For us to be able to help you we need you to play your part and give us enough time to provide you with the travel service appropriately. If you can't give us at least 6 weeks advance notice of your intended travel date, we may refer you to a local travel clinic. The nearest travel clinic is at MASTA in Glasgow and can be contacted on 0330 100 4179 or <http://www.masta-travel-health.com/FindAClinic>**

### HOW CAN YOU HELP?

It is important that we know your proposed accommodation and **exact destinations** within a particular country – and of any previous immunisations, which you have had out-with the Health Centre, which may not be in your current medical notes.

Even if you have travelled to a particular country before and think you are already covered, we still need to check as the distribution of various diseases around the world is constantly changing, and resistance to anti-malaria drugs is becoming troublesome in certain countries.

We access the Infection and Tropical Medicine Department for up to date travel information.

### CHARGES FOR TRAVEL VACCINATIONS NOT AVAILABLE ON THE NHS.

There are certain vaccinations recommended for travel purposes which are not available through the NHS. These vaccinations are:

- Hepatitis B (Engerix B/Fendrix/HBvaxPRO)
- Japanese B encephalitis (Ixiaro)
- Meningitis ACWY (Menveo/Nimenrix/ACWY Vax)
- Rabies (Rabies Vaccine/Rabipur/Verorab)
- Tick borne encephalitis (TicoVac)
- Yellow Fever (Stamaril)

The practice does not hold stock of all other vaccines. These will be issued on a private prescription, the cost of which will be determined by the dispensing pharmacy. There is a charge of £30 for your first visit and £20 for administering each subsequent vaccines. Some vaccines, such as Rabies, are a course of vaccines. In this instance the charge will be payable per vaccine in the course.

**Payment can only be made by cash or cheque. Cheques should be made payable to The Bute Practice. Charges are non-negotiable and must be paid prior to having vaccines administered.**

Should you have any concerns regarding this, or wish to discuss this further, please speak to the practice manager.

# The Bute Practice Pre-Travel Risk Assessment

**Please complete this form as fully as possible**

## Personal Details

Name		Date received by health centre	
Date of birth		Age	
Address			
E-mail			
Daytime telephone number		If under 16 please give weight	Kgs

## Itinerary

Country	Location	Length of Stay

(continue on a separate page if necessary)

Date of departure		Return date or length of stay	
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**Please circle the description that best describes your trip**

**Type of Trip:**

Business                      Pleasure

Other (please detail) \_\_\_\_\_

**Holiday Type:**

Package                      Self Organised                      Backpacking

Camping                      Cruise Ship                      Trekking

**Accommodation:**

Hotel                              Family Home

Other (please detail) \_\_\_\_\_

**Travelling:**

Alone                              Family/Friends                      Group

**Staying in an area which is:**

Urban                              Rural                              Altitude

**Planned or likely activities:**

Safari                              Adventure

Other (please detail) \_\_\_\_\_

Will you be in areas where medical help will be non-existent? Yes

No

Name		Date of birth	
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Do you have any long term medical conditions including kidney problems, thymus disorders, epilepsy or depression/anxiety? Please detail:

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What medicines do you take? Please detail:

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Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Please detail:

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Have you had any bad reaction to vaccines in the past? Please detail:

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Do you have any allergies? No  Yes

If yes, please detail:

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Are you pregnant or breast feeding? Yes  No

### Vaccination history

Have you had any of the following vaccinations before? Please include dates:

	Date		Date		Date
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Encephalitis		Tick Borne Encephalitis	
MMR		Cholera		Other	

Have you used Malaria tablets before? Yes  No

If yes which ones?

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<b>Signed:</b>	<b>Date:</b>
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Name		Date of birth	
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**For Health Centre Use Only**

	Date last given	Recommended	Required	Px/stock
Tetanus				
Polio				
Diphtheria				
Typhoid				
Hepatitis A 1 <sup>st</sup>				
Hepatitis A 2 <sup>nd</sup>				
Hepatitis B				
Influenza				
Yellow Fever				
Meningitis ACWY				
Rabies				
Jap B Encephalitis				
Tick Borne Encephalitis				
Cholera				
Other				

**Malaria prevention and advice**

	Number of tablets required
Atovaquone/Proguanil (Malarone)	
Chloroquine/Proguanil (Paludrine/Avcloclor)	
Doxycycline	
Chloroquine	
Mefloquine	

Travel advice leaflets given		Traveller's diarrhoea	
Food, safety, water purification		Sun and heat safety	
Insect bite avoidance		Websites – fit for travel	

Travel assessment completed by: \_\_\_\_\_

Date information given to patient: \_\_\_\_\_