

Make an appointment with the Practice Nurse at least 8 weeks before your departure date if at all possible. We appreciate how spur-of-the-moment travel plans can sometimes be but certain holiday destinations require a course of vaccines that need to be completed before you travel and often a single dose vaccine requires 2 weeks to have full effectiveness. Therefore we may refuse to vaccinate for travel.

Alma Medical Centre Travel Risk assessment Form

Personal Details					
Name: Address:			Date of Birth: Male { } Female { }		
Easiest contact telephone number:					
Email :					
Dates of Trip:					
Date of Departure :					
Return date or overall length of trip :					
Itinerary and purpose of visit					
Country to be visited	Length of stay	Away from medical help at destination, if so, how remote?			
1.					
2.					
3.					
Please tick as appropriate below to 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 area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other

Women only: Are you pregnant or planning a pregnancy or breast feeding?
YES/NO

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?
YES/NO

Please write below any further information which may be relevant?

Vaccination History

Have you ever had any of the following vaccinations/malaria tablets and if so when?

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

Malaria Tablets
 For discussion when risk assessment is performed within your appointment

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Book minimum Weeks before { } Malaria advice only (10 min appt)
{ } Multi appointment (families) needed (30 mins)
{ } Appointment needed (20 mins)
{ } No vaccines / malaria treatment needed. Collect travel information

FOR COMPLETION BY TRAVEL NURSE

Vaccinations advised for travel itinerary as detailed

Diphtheria/Tetanus Polio	Typhoid	Hepatitis A	Hepatitis B	Yellow Fever
Meningitis ACWY	Rabies	Japanese Encephalitis	Tick-borne Encephalitis	Cholera

FOR COMPLETION BY DOCTOR

I authorise administration of the above recommended vaccines for travel

Signed:

Date: