

Wollaton Park Medical Centre Travel Questionnaire

Thankyou for taking the time to complete this questionnaire which is designed to ensure you receive best advice for safe travel In order to provide this service to you we require **at least 6 weeks** notice of your travel plans (in order for the vaccinations to work they need to be given **at least 2/3 weeks** pre travel)..

Travel clinics take place on a Friday afternoon with our nursing staff who will contact you to make a **30 minute** appointment once they have prepared your individual plan based on the information you give below.

If you plan to travel within the next **3 weeks** we would suggest that you contact the following:

- Travel Doc 0115 9475498
- Masta Clinic 0115 8468880

(Useful websites: www.fitfortravel.co.uk or www.malariahotspots.co.uk)

Because the above clinics are dedicated travel clinics they are able to work to a different protocol. However these clinics will charge for travel vaccinations.

PERSONAL INFORMATION

NAME:	DATE OF BIRTH
ADDRESS:	
POST CODE:	CONTACT TEL:
DATE OF TRAVEL:	DURATION:
WEIGHT (children only)	

TRAVEL DETAILS

COUNTRY VISITING	AREA eg CITY/RURAL	LENGTH OF STAY	HOTEL/SAFARI/BACK PACKING/CRUISE/VISITING FRIENDS/RELATIONS/HAJ
1			
2			
3			
4			
5			

HAVE YOU BEEN IMMUNISED PREVIOUSLY? PLEASE GIVE DETAILS EVEN IF GIVEN ELSEWHERE

INJECTION	DATE OF LAST INJECTION	TYPE GIVEN i.e. 1 st /2 nd BOOSTER	PRACTICE NURSE ONLY
Tetanus/Diphtheria/Polio			PRACTICE NURSE ONLY
Typhoid			PRACTICE NURSE ONLY
Hepatitis A			PRACTICE NURSE ONLY
Hepatitis B			PRACTICE NURSE ONLY
Yellow Fever			PRACTICE NURSE ONLY
Meningitis ACWY			PRACTICE NURSE ONLY
Rabies			PRACTICE NURSE ONLY
Others			PRACTICE NURSE ONLY

OTHER IMPORTANT INFORMATION

Are you allergic to eggs?	YES/NO
Have you ever reacted badly to a vaccine?	YES/NO
Are you allergic to any medicines?	YES/NO
Are you taking steroids? e.g. Prednisolone	YES/NO
Are you pregnant or planning to become pregnant?	YES/NO
Have you ever suffered from a psychiatric illness?	YES/NO
Have you ever suffered from epilepsy or convulsions?	YES/NO
Do you take the oral contraceptive pill?	YES/NO
If an answer to any of the above is YES please give details below:	

FEES

Some travel vaccinations are NOT covered by the NHS and will have to be paid for, they include

Private Malaria Script	£15.00
Hepatitis Beach	£30.00

Meningitis ACYW	£45.00	
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DECLARATION

I can confirm that the above answers are correct to the best of my knowledge and would like my Travel plans to be processed. I agree to the charges (if appropriate).

Signed:	Date:
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PRACTICE NURSE USE ONLY

NURSE NAME:

IMMUNISATIONS REQUIRED

1	
2	
3	
4	

TRAVAX SHEET GIVEN TO PATIENT ?

Doctors Signature:	Date:
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ANTIMALARIALS

Recommended/Alternative Regime	Dose	Start	Duration
PC	Proguanil plus Chloquine		
C	Chloroquine		
ME	Mefloquine		
MON	Malarone		
DO	Doxycycline		
Others			

SCRIPT REQUIRED YES/NO