

RICCARTON GENERAL PRACTICE

TRAVEL HEALTH RISK QUESTIONNAIRE

The nursing team run a travel clinic, please make an appointment at least 6 - 8 weeks before you travel to allow time for any necessary courses of injections (Tel 0131 451 3010).

Patients must complete and return this questionnaire prior to making an appointment, this is to allow the nurse time to research your travel route and determine what health care provisions are necessary. This can be returned in person or by post.

NHS regulations enable us to prescribe and administer certain vaccines at no charge. Other travel related vaccinations, prescriptions and advice will incur a charge as they are out with NHS provision. Please see list of charges over the page. Payment by cash, debit card or credit card (£1.00 surcharge for credit card payments)

PERSONAL DETAILS

Name:	Date of Birth:
Contact Telephone Number:	Male[]
Email:	Female[]

DATES OF TRIP

Date of departure:	Length of trip:
Return Date:	

ITINERARY AND PURPOSE OF TRIP

Countries to be visited:	Length of stay:	How far from medical facilities? e.g. urban, rural
1. 5.		
2. 6.		
3. 7.		
4.		

VACCINATION HISTORY

Have you ever had any of the following vaccinations/malaria tablets? If so, **give date beside vaccination.**

Hepatitis A		Typhoid		Dip/Tet/Polio	
Hepatitis B		Rabies		Jap B Encephalitis	
Meningitis		Yellow fever		Malaria tablets	
Other					

PLEASE TICK BELOW, AS APPROPRIATE, TO BEST DESCRIBE YOUR TRIP

1. Type of trip	Business		Voluntary work		Tourism	
	Package		Expedition		Camping	
2. Type of Holiday	Backpacking		Cruise Ship		Safari	
	High altitude climbing		Diving		Other	
3. Accommodation	Hotel		Family Home		Hostel	
	Host family home		Camping/outside		Other	
4. Travelling	Alone		With family/Friends		In a group	

Personal Medical History
Do you have any current or past medical history of note? (This includes heart, lung, liver, kidney or thymus problems, diabetes, epilepsy, thrombosis, psoriasis, steroid therapy and HIV infection)
Do you have any allergies, e.g. to eggs, antibiotics, nut, latex, etc?
Have you ever had a serious reaction to a vaccination or side effect from anti-malarial's?
Please list all current medical treatment:
Women only: Are you pregnant, breast feeding or planning pregnancy?

Patient Consent
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. I have been advised to view Fit for Travel website. MALARIA: Discussed if relevant, I have been briefed on: signs & symptoms bite prevention, chemoprophylaxis, insect bites and worsening statement. Signed:.....Date:.....

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Patient Name:
Travel risk assessment performed: Yes [] No []

Travel vaccines recommended for this trip					
Disease Protection	Yes	No	Consider	Patient Declined Vaccine	Cost per Vaccine
Hepatitis A (NHS)					-
Typhoid (NHS)					-
Diphtheria, Tetanus, Polio (NHS)					-
Hepatitis B course of 3 vaccines					£36 per vaccine
Meningitis ACWY Menveo 1 vaccine					£56
Yellow fever plus certificate 1 vaccine					£56
Jap B Encephalitis course of 2 vaccines					Private clinic
Rabies course of 3 vaccines					£55 per vaccine
Private Prescription: e.g. anti-malaria's, altitude sickness, travellers diarrhoea					£10 plus pharmacy charge

Malaria prevention advice and malaria chemoprophylaxis					
Atovaquone + Proguanil		Chloroquine +/Proguanil		Malaria advice leaflet given	
Doxycycline		Other			

Travel advice and leaflets given as per travel protocol					
Insect bite prevention		Accidents		Travel record card supplied	
Sun and heat protection		Food, water and personal hygiene advice		Websites – fitfortravel	
Animal bites		Blood and bodily fluid infection risks		Other	

Authorisation for Patient Specific Direction (PSD) Use
Assessor's Name: Signature:..... Date:.....
Sites used for Risk Assessment:
Consult's Name: Signature:..... Date:.....

