

Cardinal Medical Practice

TRAVEL INFORMATION

Please complete and return the attached Travel Questionnaire as soon as possible.

Patients are required to seek advice and information about relevant travel vaccinations by accessing www.travelhealthpro.org.uk complete your travel form and return it to reception. If this form has not been completed you will not be given an appointment.

The completed paperwork is left with reception so that a nurse can check what vaccinations are needed. You will be contacted and advised of the fee (this may take up to 2 weeks).

We are unable to provide telephone advice regarding travel.

In the majority of cases vaccines take up to 6 weeks to provide complete protection. You will be asked to sign a disclaimer if you attend for your appointment within 6 weeks of your date of travel.

Travel vaccinations will be given by our Practice Nurses.

For your information, the following offer appointments for travel vaccinations and advice:

Boots, Tavern Street, Ipswich

01473 256525

Aqua Pharmacy, Duke Street, Ipswich

01473 225266

The Travel Clinic, 47 St Nicholas Street, Ipswich

0845 548 0543

OUR TRAVEL VACCINATIONS - FEES

Available free of charge under the NHS
Cholera
Diphtheria, tetanus & polio booster
Hepatitis A
Meningitis C
Typhoid

Any other vaccine suggested will need to be self-sourced from a Travel Clinic or appropriate pharmacy.

TRAVEL QUESTIONNAIRE

Personal Details						
Name:			Date of birth:			
Contact telephone number:					Male []	Female []
Email:						
Dates of Trip						
Date of departure:			Return Date:			
Itinerary						
Country to be visited	Name of resort		Length of stay	Away from medical help at destination. If so, how remote?		
1.						
2.						
Please tick as appropriate below to best describe your trip						
Type of trip	Business		Pleasure		Other	
Holiday type	Package		Self-organised		Backpacking	
	Camping		Cruise Ship		Trekking	
Accommodation	Hotel		Relatives/family		Other	
Travelling	Alone		With family/friend		In a group	
Staying in area	Urban		Rural		Altitude	
Planned activities	Safari		Adventure		Other	
Personal Medical History						
Do you have any recent or past history of a chronic illness? (including diabetes, heart or lung conditions)						
List any current or repeat medications						
Do you or any close family members have epilepsy?						
Do you have any history of mental illness including depression and anxiety?						
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?						
<i>Women only:</i> Are you pregnant or planning pregnancy or breast-feeding?						
Do you have any allergies, for example 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?						
<i>Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?</i>						
Please write below any further information which may be relevant						

Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets? If so, when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph			
Other					
Malaria Tablets					

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 vaccinations.

Signed:..... Date:.....

I have been informed and understand that receiving my vaccinations less than 6 weeks prior to date of travel may reduce the efficacy of the vaccination and protection offered. I consent to the vaccination being given despite this.

Signed:..... Date:.....

FOR OFFICIAL USE					
Travel risk assessment performed				Yes []	No []
Travel vaccines recommended for this trip					
Hepatitis A (Avaxim)	Yes []	No []	Dip/Tet/Polio (Revaxis)	Yes []	No []
Typhoid (Typhim)	Yes []	No []	Polio	Yes []	No []
Hep A / Typhoid (Hepatyrix)	Yes []	No []	Meningitis ACWY	Yes []	No []
Hepatitis B (Engerex)	Yes []	No []	Rabies	Yes []	No []
Hep A / Hep B (Twinrix) (requires prescription)	Yes []	No []	Jap B Enceph	Yes []	No []
Travel advice and leaflets given as per travel protocol					
Food, water, personal hygiene		Travellers Diarrhoea		Hepatitis B & HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun & heat protection	
Malaria prevention advice and malaria chemoprophylaxis					
Chloroquine & proguanil		Atovaquone & proguanil (malarone)			
Chloroquine		Mefloquine			
Doxycycline		Malaria advice leaflet given			

Signed:

Position:

Date