

NAME

DATE OF BIRTH

M/F

PREFERRED CONTACT PHONE NUMBER

Please supply details of your trip and any future travel already planned, continue on extra sheet if needed:

COUNTRY

EXACT REGION/CITY

DATES/LENGTH OF STAY

1. _____

2. _____

3. _____

TYPE OF TRAVEL (please tick all that apply)

Business___ Pleasure___ Other _____

Hotel___ Camping/Hostels___ Cruise___ Staying with friends/relatives___

Safari___ Diving___ Altitude___ Pilgrimage___ Cycling/running___ Other _____

PERSONAL MEDICAL HISTORY

Allergies including food, latex, medication **YES/NO** **DETAILS** _____

Severe reaction to vaccine previously **YES/NO** **DETAILS** _____

Immune system problems, for example

Chemotherapy/Organ transplant/Steroid tablets/ HIV/AIDS/Spleen or Thymus gland removal

DETAILS _____

Pregnant/planning pregnancy/Breastfeeding **YES/NO**

Are you taking any medication not prescribed by Underwood Surgery? **YES/NO**

DETAILS _____

VACCINATIONS/MALARIA MEDICATION TAKEN IN THE PAST

Please remember to bring any records of vaccinations or malaria medication you have taken previously to your appointment.

TRAVEL ADVICE

We recommend that you take out adequate travel insurance for your trip.

A European Health Insurance Card is recommended for travel within the European Economic Area. For full details and how to apply search EHIC at www.nhs.uk.

There are links in the Travel Advice section of our website (www.underwoodsurgery.co.uk) which we strongly recommend that you read prior to travel. These websites are also listed on our Travel Advice Sheet.

Please sign to confirm that you have or intend to review these _____

NAME OF PATIENT:

<u>VACCINATIONS</u>	<u>RECOMMENDED</u>	<u>NHS</u>	<u>PRIVATE COST</u>
BCG			Variable – private clinic
Cholera		yes	
Diphtheria, Tetanus, Polio		yes	
Hepatitis A		yes	
Hepatitis B			£90 for course of 3, £40 for booster, £40 for blood test
Japanese B Encephalitis			Variable – private prescription
Meningitis ACWY/Menveo			Variable – private prescription
Mumps Measles Rubella		yes	
Rabies			£174 for course of 3
Tick Borne Encephalitis			Variable – private prescription
Typhoid		yes	
Yellow Fever			£50 for vaccine and certificate

<u>ANTIMALARIAL TABLETS</u>	<u>RECOMMENDED</u>	<u>NUMBER OF DAYS NEEDED</u>
Proguanil and Chloroquine (over the counter no prescription)		
Malarone (variable cost – private prescription)		
Doxycycline (variable cost – private prescription)		
Mefloquine (variable cost – private prescription)		

Private vaccinations held at the surgery need to be paid for (cash or cheque to reception) prior to administration, please bring your receipt to your vaccination appointment.

Nurse signature

Date