**The Chorley Surgery – Travel Health Questionnaire**

*Please read before filling in the attached form.*

With increasing numbers of people traveling abroad, we recommend that you seek advice from our Practice Nurses regarding the appropriate vaccinations for your destination. Please plan well ahead and book your appointment **at least six weeks before you travel.**

Travel vaccines are not medical emergencies. There a number of private travel clinics online if an appropriate appointment cannot be allocated.

Patients may attend any travel clinic but it may be helpful if any immunisations you have elsewhere are recorded in your NHS medical records.

Many holiday immunisations are funded by the NHS however a number of them are private. You will be advised if you are required to pay for private immunisations prior to them being administered.

A minimum of 5 working days is required for the nurse to read and address the attached completed form. Please complete one form for each member of the family travelling.

It is the responsibility of the patient to contact the surgery after 5 working days to access the relevant information and arrange any necessary appointments. Patients can book an appointment in anticipation of requiring travel vaccines whilst waiting for the nurse to provide the relevant information.

**The Chorley Surgery – Travel Health Questionnaire**

**Personal details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Contact telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of trip

Date of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_ Return date or length of trip: \_\_\_\_\_\_\_\_\_\_\_\_

**Itinerary and purpose of visit**

|  |  |  |
| --- | --- | --- |
| Country to be visited | Length of stay | How close to medical help at destination / remote? |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Future travel plans |  |  |

**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 |  | 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 |  |

**Personal medical history**

|  |
| --- |
| Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions) |
| List any current or repeat medications: |
| Do you have any allergies e.g. to eggs, antibiotics, nuts? |
| Have you ever had a serious reaction to a vaccine given to you previously? |
| Does having an injection make you feel faint or dizzy? |
| Do you or any close family members have epilepsy? |
| Do you have any history of mental illness including depression or anxiety? |
| Have you recently undergone radiotherapy, chemotherapy or steroid treatment? |
| **Women only:** Are you pregnant or planning pregnancy or breast feeding? |
| Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this? |
| 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 |  |  |  |  |  |

**For discussion when risk assessment is performed within your appointment:**

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 OFFICIAL USE**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Travel risk assessment performed: Yes/No

**Travel vaccines recommended for this trip**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease protection** | Yes | No | Further information |
| Hepatitis A |  |  |  |
| Hepatitis B |  |  |  |
| Typhoid |  |  |  |
| Cholera |  |  |  |
| Tetanus |  |  |  |
| Diphtheria |  |  |  |
| Polio |  |  |  |
| Meningitis ACWY |  |  |  |
| Yellow Fever |  |  |  |
| Japanese B Encephalitis |  |  |  |
| Rabies |  |  |  |
| Other |  |  |  |

**Travel advice and leaflets given as per travel protocol**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Food water and personal hygiene advice |  | Travellers’ diarrhoea |  | Hepatitis B and HIV |  |
| Insect bite prevention |  | Animal bites |  | Accidents |  |
| Insurance |  | Air travel |  | Sun and heat protection |  |
| Websites |  | Travel Record card supplied |  |  |  |
|  |  | Other |  |  |  |

**Malaria prevention advice and malaria chemoprophylaxis**

|  |  |  |  |
| --- | --- | --- | --- |
| Chloroquine and proguanil |  | Atovaquone + proguanil (Malarone) |  |
| Chloroquine |  | Mefloquine |  |
| Doxycycline |  | Malaria advice leaflet given |  |

**Further information**

e.g. weight of child

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

After completion scan form into patient’s record on the computer for evidence of best practice