Wetmore Road Surgery Travel Form

Personal Details		
Name		DOB / /
Telephone Number		Male [ ] Female [ ]
Email		
Dates of trip		
Departure date		
Return date or length of stay		
Itinerary and purpose of visit		
Countries to be visited	Length of stay	Is destination away from medical help?
1.		
2.		
3.		
Any 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		Relatives/family home		Other	
4. Travelling	Alone		With friend/family		In a group	
5. Staying in area which is	Urban		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	

Personal medical history
List 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 for example to eggs, antibiotics, nuts or latex?
Have you ever had a serious reaction to a vaccine given to you before?
Does having an injection make you feel faint?
Do you or any close family members have epilepsy?
Do you have any history or mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant or planning pregnancy ot 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

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Vaccination history
Have you had any vaccinations in the past? If so, what and when?

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.
Signed:________________________________ Date:______________________________

FOR OFFICIAL USE ONLY				
Patient Name				
Travel Risk Assessment Performed Yes [ ] No [ ]				
Travel vaccines recommended for this trip				
Disease protection	Yes	No	Patient declined vaccine	Further Information
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Encephalitis				
Other				

Travel Advice and leaflets given as per travel protocol					
Food, water and personal hygiene		Blood and bodily fluid infection			
Insect bite prevention		Travellers diarrhoea		Accidents	
Sun and heat protection		Animal bites		Insurance	
Travel record card supplied		Air travel		Websites	

Malaria prevention advice and malaria chemoprohylaxis			
Chloroquine and proguanil		Atovaquone and proguanil	
Chloroquine		Mefloquine	
doxycycline		Malaria advice leaflet given	

Further information
E.g. weight of child
Authorisation for Patient Specific Direction (PSD) Use
Assessors Name: __________________Signature:______________ Date:________________   **Prescribers Name: __________________Signature:______________ Date:________________**