

**POPLAR GROVE PRACTICE - TRAVEL RISK ASSESSMENT FORM**

**PLEASE COMPLETE 6 WEEKS PRIOR TO DEPARTURE**

Please complete this form prior to your travel appointment and return to reception. A form for each family member is required. For longer term/gap year travellers, please note that an adequate programme of immunisation can take up to 6 months. Some immunisations are expensive; see attached price list. **We cannot guarantee last minute appointment availability.**

<b>Personal details</b>		<b>DATE:</b>	
<b>Name:</b>		<b>Male [ ] Female [ ]</b>	
		<b>DOB:</b>	<b>AGE:</b>
<b>Easiest contact telephone number:</b>			
<b>Email Address:</b>			
<b>Date of Trip:</b>		<b>Overall Length of Trip:</b>	

<b>Travel Destination (s)</b>	<b>Length of stay</b>	<b>Remote destination</b>	<b>Any Transit Airport</b>

*Please tick as appropriate below to best describe your trip*

<b>Type of trip</b>	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Holiday type</b>	Package	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
<b>Accommodation</b>	Hotel	<input type="checkbox"/>	Relatives/family/home	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Type of area</b>	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
<b>Planned activities</b>	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Personal medical history**

Do you have any recent or past medical history? (including diabetes, heart, lung, operations etc.)
List any current or repeat medications
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?
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?
<b>Women only:</b> Are you pregnant or planning pregnancy or breast feeding?
Have you taken out travel insurance? If you have a medical condition have you 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?					
Yellow Fever		Polio		Jap B Enceph	
Typhoid		Tetanus		Hepatitis B	
Hepatitis A		Diphtheria		Rabies	
Influenza		Meningitis		Tick Borne	
Other					
Malaria tablets					

I confirm that I am fit and well. I have no reason to think that I might be pregnant. I give my consent to the vaccines being given.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this form, it should be returned to your surgery. A clinician will contact you to book your appointment and to confirm what immunisations will be required and cost.

- **Payment must be made on arrival. Please ensure you arrive 10 minutes early to enable staff to process your payment. You will be issued with a receipt, which you must show to the nurse before any treatment is administered.**
- **N.B.** If malaria tablets are required there is a separate private prescription charge.

**For official use**

**TRAVEL VACCINES RECOMMENDED FOR THIS TRIP AND COST**

Disease protection	Yes	No	Discuss	Disease Protection	Yes	No	Discuss
Hepatitis A				Yellow Fever			
Typhoid				Meningitis ACWY			
Tetanus				Rabies			
Diphtheria				Hepatitis B			
Polio				Japanese B Enceph			
Tickborne Enceph				Other			

Consultation only regarding Malaria	Yes ( )	No ( )
Malaria tablets or discussion required	Yes ( )	No ( )

Nurse appointment time	10 mins	20 mins	30 mins	Or _____ mins with partner
Amount due: £.....				
<b>Authorisation for Patient Specific Direction (PSD) Use</b>				
Assessor's Name:		Signature:		Date:
Prescriber's Name:		Signature:		Date:

Please could you bring any travel vaccination cards you may have to your travel consultation.

Travel information and vaccine prices can be found on our website [www.poplar-grove.co.uk](http://www.poplar-grove.co.uk)

THANK YOU

## TRAVEL VACCINE PRICE LIST

Tetanus/Diphtheria/Polio	No Charge
Typhoid	No Charge
Hepatitis A	No Charge
Hepatitis B (Planned – course of 3 injections)	
1 dose repeated at 1 month and 6 months	£105.00
Hepatitis B (Accelerated – course of 3 injections + booster)	
1 dose repeated at 1 month and 2 months	£105.00
Booster dose at 1 year	£35.00
Hepatitis B (Very accelerated – course of 3 injections + booster)	
1 dose repeated at 7 days and 21 days	£105.00
Booster dose at 1 year	£35.00
Rabies (Course of 3 injections at £50 each)	£150.00
Meningitis ACWY (with certificate)	£45.00
Yellow Fever (with certificate)	£60.00
Japanese Encephalitis (Course of 2 injections at £110 each)	£220.00
Tick Bourne Encephalitis (ordered as required not held in stock)	
Course of 3 injections at £50 each	
1 dose repeated at 1-3 months and 5-12 months after 2 <sup>nd</sup> dose	£105.00