

**Date form Returned:**

<b>Personal details</b>			
Name & address	Date of Birth:		
	Male [ ] Female [ ] Length of appointments when needs to be seen:		
Easiest contact telephone number :	E-mail :		
<b>Dates of trip</b>			
Date of departure			
Return date or overall length of trip			
<b>Details about destination(s)</b>			
Country <u>and</u> location to be visited	Length of stay	Away from medical help at destination for more than 24 hours. If so, how remote?	
1.			
2.			
3.			
Do you plan to travel abroad in the future?			
<b>Please tick as appropriate below to best describe your trip</b>			
1.Type of trip	Business	Pleasure	Other
2.Holiday type	Package	Self organized	Backpacking
	Camping	Cruise Ship	Trekking
3.Accommodation	Hotel	Relatives/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
<b>Personal medical history</b>			
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)			
List of 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 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 breastfeeding?			
Please write below any further information which maybe relevant:			

For the most comprehensive up to date travel information, we recommend a visit to [www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk).

**Vaccination history**

Have you ever had any of the following vaccinations/malaria tablets and if so when:

Tetanus	n/c	Polio	n/c	Diphtheria	n/c
Typhoid	n/c	Hepatitis A	n/c	Hepatitis B x3	£55 each
Meningitis ACWY	£70	Yellow Fever	£75	Influenza	n/c
Rabies x3	£110 each	Cholera	n/c	Tick Borne x3	£65
Malaria tablets – price on asking		Japanese B Encephalitis x 2 doses £106 each (subject to availability)			

Prices are subject to change without notice. To secure the current price, payment is required. By proceeding, you acknowledge that prices may increase and payment locks in the current price.

**FOR OFFICIAL USE**

Patient Name: See Travel Form 2

Yes/No

Travel risk assessment performed Yes [ ] No [ ]

**Travel vaccines recommended for this trip**

Disease protection	Yes	No	Date of last dose given	Patient declined vaccine	Vaccine name, dose & schedule
Hepatitis A					
Hepatitis B					
Typhoid					
Cholera					
Tetanus					
Diphtheria					
Polio					
Meningitis ACWY					
Yellow Fever					
Rabies					
Other					

**Travel advice given as per travel protocol**

Food, water and personal hygiene advice		Traveller's diarrhoea		Blood and bodily fluid infection risks e.g. Hepatitis B	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun and heat protection	
Websites e.g fit for travel		Travel record card supplied		Other	

**Malaria prevention advice and malaria chemoprophylaxis**

Chloroquine and proguanil		Atovaquone and proguanil £50 (12 tablets) Paediatric £27 (12 tablets)	
Chloroquine		Mefloquine	
Doxycycline £27 (50 Tablets)		Malaria advice leaflet given	

**Further information**

e.g weight of child

**Nurse**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient:-** Please ring to book an appointment 2 working days after handing form in. 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.

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_