**MOORLAND MEDICAL CENTRE**

**NHS** **Travel Risk Assessment Form** – ***REQUIRES AT LEAST 8 WEEKS NOTICE BEFORE TRAVEL***

Vaccinations included in NHS Travel include:

* Diptheria/tetanus/polio
* Hepatitis A
* Typhoid
* Cholera
* MMR

**\*Any other vaccinations may be required from a *private clinic/chemist at patients cost*.\***

**see attached list of private clinics**

**Date received form:**

**Admin Date Allocated:**

**Admin Nurse Allocated:**

**Appointment Required: TELEPHONE/FACE TO FACE**

**Time Required: 20mins / 30mins**

**Nurse: AB / FB / HP / DS**

**Additional Information From Nurse:**

**NAME:**

**DATE OF BIRTH:**

 **MALE FEMALE**

**TEL NUMBER:**

**EMAIL ADDRESS:**

**DATE OF DEPARTURE:**

**TOTAL LENGTH OF TRIP:**

(Moorland Medical Centre stamp form upon receiving...)

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Exact Location/Region** | **Urban/Rural** | **Length of Stay** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Type of Travel and Purpose of Trip** – Tick ALL that apply

|  |  |  |  |
| --- | --- | --- | --- |
| Holiday  | Package Deal | Safari | Hotel |
| Gap Year  | Self Organised | Adventure | B&B |
| Business Trip | Back Packing | Visiting Family/friends | Tent |
| Cruise | Camping | Volunteering  | Cruise ship |
| Travelling Alone | Trekking | Hostels | Relatives Home |

**Additional Information From Patient**

|  |  |
| --- | --- |
| **Any allergies?** |  |
| **Do injections make you faint?** |  |
| **Any mental health problems?** |  |
| **Recent radio/ chemo /steroid treatment?** |  |
| **Are you pregnant /breastfeeding/ planning pregnancy?** |  |

**Nurse Administation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Date Last Had/Recorded** | **Recommended for Trip** | **Further Information** |
| **D/T/P** |  |  |  |
| **Hepatitis A** |  |  |  |
| **Typhoid** |  |  |  |
| **Cholera** |  |  |  |
| **MMR** |  |  |  |
| **Any additional vaccines possibly required privately at clinic/chemist.** |  |  |  |

**Advice Checklist –** please tick

|  |  |
| --- | --- |
| **Food and Water** | **Bodily Fluid Infection Risk** |
| **Bite Prevention/DEET** | **Travellers Diarrhoea** |
| **Nathnac/FitForTravel** | **Diabetic Travel Health** |
| **Animal Bites** | **Travel Forms Given to Patient** |
| **Air Travel** | **Informed of Private Clinic for Further Vaccines.** |
| **Sun and Heat Exposure** | **Other -** |

* ***IF*** cholera is recommended :
1. PSD triggered from Gp
2. Task SL to order x2 cholera

**Malaria**

**Is malaria chemoprophylaxis required/advised?**

* **No**
* **Yes**

 Referred to private travel clinic/chemist?

|  |
| --- |
| **Additional Information/Notes** |
|  |

Administrative Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination Nurse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Macclesfield

Cheshire

SK116JL

01625 264100

Boots

Hanley

3-5 Upper Market Square

SOT

Staffordshire

ST1 1PZ

01782 213271 [or bookable online]

MASTA clinic is now online only.