#### THE QUEENHILL MEDICAL PRACTICE

Dr A J Brzezicki Dr Jane Hughes Dr Mike Simmonds



31 Queenhill Road Selsdon South Croydon Surrey, CR2 8DU

<u>Practice Manager:</u> Mrs Lynne Poole

Personal details

Tel: 020 8651 1141 Fax: 020 8651 5011

### TRAVEL VACCINATION FORM

# PLEASE NOTE A CHARGE of £15.00 IS APPLICABLE FOR TRAVEL ADVICE INCLUDING A PRIVATE PRESCRIPTION FOR TRAVEL IF REQUIRED

	Date of birth:  Male [ ] Female [ ]										
per											
trip											
sit											
Length of s	stay	Away from medical help at destination, if so, how remote?									
Please tick as appropriate below to best describe your trip  1. Type of trip  Business  Pleasure  Other											
Business		Pleasure									
Package		_									
Camping		•									
		-	Other								
Alone		-	In a group								
Urban		Rural									
Safari		Adventure	Other								
medical history	of not	e? (including diabetes, h	neart or lung conditions	s)							
List any current or repeat medications											
Do you have any allergies for example to eggs, antibiotics, nuts?											
action to a vacc	cine giv	en to you before?									
you feel faint?											
Do you or any close family members have epilepsy?											
Do you have any history of mental illness including depression or anxiety?											
	below to best Business Package Camping Hotel Alone Urban Safari  medical history cations xample to eggs eaction to a vacc you feel faint?	trip  sit  Length of stay  below to best desc  Business Package Camping Hotel Alone Urban Safari  medical history of not cations  xample to eggs, antibited action to a vaccine give you feel faint?	trip  sit  Length of stay Away from medical help a  below to best describe your trip  Business Pleasure Package Self-organised Camping Cruise ship Hotel Relative/family home Alone With family/friend Urban Rural Safari Adventure  temedical history of note? (including diabetes, heations  example to eggs, antibiotics, nuts?  saction to a vaccine given to you before?  you feel faint?  short Away from medical help a  Away from medical help a  Away from medical help a  from the part of t	trip  sit  Length of stay Away from medical help at destination, if so, how to best describe your trip  Business Pleasure Package Self-organised Camping Cruise ship Trekking Hotel Relative/family home Other Alone With family/friend In a group Urban Rural Safari Adventure Other  medical history of note? (including diabetes, heart or lung conditions example to eggs, antibiotics, nuts?  paction to a vaccine given to you before?  you feel faint?  mbers have epilepsy?							

Have you rece	ntly und	dergone	e radiotl	herapy, c	hemo	therapy or steroid treat	ment?				
Women only:	Are you	u pregn	ant or p	olanning <sub>l</sub>	oregna	ancy or breast feeding?	?				
Have you take about this?	n out tra	avel ins	surance	and if yo	u hav	e a medical condition, i	informe	ed the i	insurance compar	าy	
Please write be	elow an	v furthe	er inforn	nation wh	nich m	av be relevant					
		,				.,					
Vaccination	hictor										
Vaccination			tha fall	owing v	accina	ations / malaria tablot	c and	if co w	thon?		
Tetanus		arry Or		Polio	accinic	ations / malaria tablets and if so when?  Diptheria					
Typhoid				Hepatiti	сΔ		Hepatitis B				
Meningitis				Yellow			Influer				
Rabies				Jap B E		+	Tick B				
Other				Jap D L	псер		TICK D	OITIG			
Malaria table	ts										
For discussio	n wher	n risk a	ssessr	nent is p	erforr	med within you're apբ	oointm	ent:			
Women only	r: I have	e no re	ason to	o think th	nat I n	night 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 OFFICIA	AL USI	E									
Patient Name	):										
Travel risk as	sessm	ent pe	rforme	d Ye	s [	] No [ ]					
Travel vacci					trip						
Disease	Yes	No	Furthe	er informa	ation	Disease protection	Yes	No	Further information		
protection											
Hepatitis A						Polio					
Hepatitis B						Meningitis ACWY					
Typhoid						Yellow Fever					
Cholera						Rabies					
Tetanus						Jap B Enceph					
Diphtheria						Other					
Travel advice					trave					1	
Food, water & personal hygiene advice						Travellers' diarrhoea		Hepatitis B & HIV			
Insect bite pre	otectio	n				Animal bites		Accidents			
Insurance						Air travel		Sun & heat protection			
Websites						Travel Record Card	suppl	ied			
						Other					
						noprophylaxis					
	and pro					+ proguanil (Malarone)					
Chloroquine			Mefloquine								
Doxycycline				Malaria	a advi	ce leaflet given					
Further infor		n									
e.g. weight of											
	child										

Now scan this form into the patient's record on the computer for evidence of best practice

Templates-Vaccinations Form – Aug 14

## **Instructions to patient**

#### THE QUEENHILL MEDICAL PRACTICE

Dr A J Brzezicki Dr Jane Hughes Dr Mike Simmonds



31 Queenhill Road Selsdon South Croydon Surrey, CR2 8DU

Tel: 020 8651 1141 Fax: 020 8651 5011

# <u>(To be retained by patient)</u>

Please allow a **minimum of 4 weeks** notice prior to your departure date. If you are travelling for longer than one month please allow at **least 6 months**.

If you are travelling within two weeks it is unlikely that we will be able to offer you a travel advice appointment with the Practice Nurse. We would recommend that you contact a private travel clinic.

Please note if you fail to attend and not previously cancelled the appointment you will not be offered another appointment and will need to go to the Travel Clinic.

**EXPLANATION OF CHARGES FOR HEPATITIS B VACCINATION AND MENINGITIS ACWY** The above vaccinations can only be administered for travelling abroad.

#### **EXPLANATION OF CHARGES FOR TRAVEL ADVICE**

We offer a private travel advice service, giving vaccination advice and whether prevention against Malaria is necessary also provide a private prescription if required.

#### The charge for this service is £15.00

Sometimes the medicines needed are available without a prescription at the Chemist. **Our charge is for the travel advice service**, not for the prescription or the vaccinations.

Please complete the form overleaf.

Thank you Queenhill Medical Practice

