



MORAY COAST MEDICAL PRACTICE HOLIDAY INJECTIONS



***PATIENTS MUST MAKE AN APPOINTMENT AT
LEAST 6 WEEKS BEFORE THEY ARE DUE TO TRAVEL,
IF NOT THEY NEED TO CONTACT:***

- **NHS Occupational Health, Elgin on 01343 567386 or**
- **RS Occupational Health, Inverness 01463 513100 or**
- **Capita, Aberdeen 01224 669000 or**
- **Ark Occupational Health 01224 562747**

Patients requiring advice about travel immunisation need double appointments with Practice Nurse for information on recommended immunisations with timescales. Following on from this you will require to return for the agreed injections for which there may be a charge as detailed below (where applicable payments are required prior to administering vaccinations).

DIPHTHERIA/TETANUS/POLIO, HEPATITIS A & TYPHOID

Patients issued NHS Prescription

No charge for administering injection

HEPATITIS A BOOSTER. As above

OTHER IMMUNISATIONS e.g. **MENINGITIS & RABIES** are required occasionally. Patient given Private Prescription - pay Pharmacy for injection. Appointment with Practice Nurse. Charge of £18 per person per injection will be made for advice & administration of injection.

HEPATITIS B

Patients given Private Prescription for course of 3 injections - pay Pharmacy. Appointments at various intervals with Practice Nurse.

Charge of £54 for course.

MALARIA MEDICATION

Patient given Private Prescription - pay Pharmacy for tablets/capsules.

FOR FURTHER ONLINE TRAVEL ADVICE

Fitfortravel

Access the travel advice section of the Foreign and Commonwealth Office website www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country. Then access the Locate service at www.fco.gov.uk/en/travel-and-living-abroad/staying-safe/Locate.

		Health Travel Booklet given? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
Name:	Unit No.	DOB: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td></tr> </table>	D	M	Y				D	M	Y				D	M	Y	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
D	M	Y																	
D	M	Y																	
D	M	Y																	
Patient's address:		GP name:																	
		Address:																	
Postcode:		Postcode:																	
Tel no.		Tel no.																	
Medical history:																			
Current health problems:		Current medication:																	
Allergies:		Pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> No. of weeks <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>																	
TRAVEL DETAILS: (in order first to last) Date of departure: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td></tr> </table> Total duration: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 40px;"> </td></tr> </table>				D	M	Y				D	M	Y				D	M	Y	
D	M	Y																	
D	M	Y																	
D	M	Y																	
Destination(s): (Record no. of weeks in box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
Type of trip (please tick all that apply)			Areas to be visited	Accommodation															
Package holiday <input type="checkbox"/> Immigration <input type="checkbox"/> Voluntary/charity work <input type="checkbox"/> Cruise <input type="checkbox"/> Organised adventure holiday <input type="checkbox"/> Elective/Student <input type="checkbox"/> Business < 3 months <input type="checkbox"/> Backpacking <input type="checkbox"/> Aid worker <input type="checkbox"/> Business > 3 months <input type="checkbox"/> Visiting family and friends <input type="checkbox"/> Self organised <input type="checkbox"/>			Urban <input type="checkbox"/> Rural <input type="checkbox"/> Altitude > 3000m <input type="checkbox"/> Beach <input type="checkbox"/>	Good <input type="checkbox"/> Basic <input type="checkbox"/> Poor <input type="checkbox"/> Not known <input type="checkbox"/>															
Occupation/activities abroad:		Subsequent notes																	
		Date																	
Risks discussed:		Date																	
	Yes	No	N/A																
Bite avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Food/water hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Blood borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Schistosomiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Insurance/accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Sun protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
please specify below:																			

TRAVEL CLINIC RECORD PRESCRIPTIONS

Vaccines	Received previously/ comments	Dates (complete top line)										
Poliomyelitis												
Tetanus												
Diphtheria/ Tetanus/ Inactivated Polio												
Typhoid (injectable)												
Hepatitis A												
Hepatitis B												
Hepatitis A & Typhoid combined												
Hepatitis A & B combined												
Meningococcal (specify type)												
Japanese B encephalitis												
Rabies												
Tick-borne encephalitis												
Yellow fever												
Cholera												
Mantoux				Result:								
B.C.G				Result:								
Other												
Malaria Prophylaxis advised												
Chloroquine <input type="checkbox"/> Proguanil <input type="checkbox"/> Doxycycline <input type="checkbox"/> Mefloquine <input type="checkbox"/> Atovaquone/Proguanil <input type="checkbox"/> None <input type="checkbox"/>												
Signature:				Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> (first seen)			D	D	M	M	Y	Y
D	D	M	M	Y	Y							