

TRAVEL HEALTH QUESTIONNAIRE

Revised JUNE 2019

Date form received
Travel Health Appointment

Please read the information provided and complete this form as fully as possible before returning to Willerby or Swanland Surgery

PLEASE ALLOW AS MUCH TIME AS POSSIBLE - some vaccines require a course of injections and you may leave yourself unprotected if you do not allow sufficient time

IF YOU ARE TRAVELLING WITHIN THE NEXT 3 WEEKS DO NOT BRING THIS FORM TO US – WE WILL NOT HAVE TIME TO UNDERTAKE AN ASSESSMENT

You are advised in these circumstances to find a private travel clinic

As a general rule 6-8 weeks is needed for the nurse to do a full assessment based on your travel plans and create an appointment(s) to discuss all relevant health advice and/or arrange any recommended NHS vaccine protection applicable to your destination.
(submitting too early may not give the most up-to-date health risk information)

IN ALL INSTANCES - please check the websites listed in this form. This will ensure you can make relevant choices on which, if any, vaccinations you want to have.

NOT ALL VACCINES ARE FREE ON THE NHS and Willerby & Swanland Surgery does not provide private travel vaccinations (see Page 2 for a list of non-NHS vaccines). If your holiday destination carries recommendations for non-NHS vaccines which you wish to have or know more about you will need to contact a private Travel Clinic.

Checking the recommended websites will give you more detailed information.

Our Practice Nurse will undertake a travel health risk assessment based on the information you provide - the nurse is not aware of your travel plans unless you include the relevant information.

If you do not include enough information you may not benefit from the best advice and this could leave you more vulnerable to travel associated health risks.

Please allow up to 10 days after handing in your form (or as indicated by our reception team) for the nurse to assess the form. After this, please ring the relevant Surgery to see if you need to make an appointment to discuss vaccine/travel health advice

The Travel Health Assessment includes travel destination / Intensity of risk in visit area / season of travel / duration of travel / activities likely to allow exposure to mosquitoes and your current NHS immunisation status. Travel Health advice is about risk avoidance and vaccine preventable risks so you can make informed choices on whether to have vaccines.

The decision whether to be vaccinated is for you to make.

We can only tell you about NHS vaccines for you to consider to ensure you are up-to-date. We are not able to give detailed advice about non-NHS vaccines - you will need to attend a private travel clinic for this - but we will aim to highlight the areas of risk for you to consider.

The Surgery uses the 'Green Book' and a number of travel websites as the primary source of up-to-date travel health risk information. These websites also have large sections for members of the public to use to help them understand the areas they intend to visit

Suggested websites include: <http://travelhealthpro.org.uk/>
www.gov.uk/knowbeforeyougo

We strongly recommend you visit these websites yourself before your nurse appointment - it will assist your understanding of the health risks, the vaccines available and the questions you may want to ask to inform your decisions about which vaccines you may wish to have.

Please complete this section fully - and return to Willerby or Swanland Surgery as soon as possible

Personal Details PLEASE USE BLOCK CAPITALS AND WRITE IN BLACK INK					
Name in Full		Date of Birth			
		Age			
Address (incl Postcode)		Male [] Female []			
Telephone	Surgery use : EMIS NUMBER				
Details of Trip					
Date of Departure		Date of Return	Overall length of Trip		
Itinerary and Purpose of Visit – if there is not enough space below - please use a separate sheet					
Countries to be visited	Region to be visited	Length of Stay	Away from medical help ??		
1.					
2.					
3.					
4.					
Please tick as many boxes as appropriate to best describe your Trip					
Business		Pleasure		Other	
Package holiday		Self organised		Backpacking	
Camping holiday		Cruise ship		Trekking	
Accommodation types					
Hotel		Relatives/family home		Other	
Area description					
Urban		Rural		Jungle	
Planned activities					
Safari		Adventure		Other	
Are you travelling ..					
Alone		With family / friend		In a Group	
Please note any other relevant information about your Trip					

Vaccination History - have you ever had any of the following (if yes, please give dates)					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow fever		Influenza	
Rabies		Pneumococcal		Jap B Enceph	
Malaria tablets		Tick Borne Enc			
Other (please state)					
Personal Medical History - please answer all questions with as much detail as possible					
Do you have any recent or past medical history of note (eg: diabetes, heart or lung conditions etc)					
List any current or repeat medications you are taking (or attach a repeat prescription list)					
Do you have any allergies (eg: to eggs, antibiotics, nuts etc)					
Have you ever had a serious reaction to a vaccine given to you					
Do you or any family members have epilepsy					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment					
Do you have lymphoma, leukaemia or Hodgkin's disease					
Are you HIV positive					
Women travellers: Are you pregnant or planning pregnancy or breastfeeding					
Please list any further information which may be relevant					

You will be asked to sign the following Statement of Consent *at your appointment* :

CONSENT FOR VACCINATION FOR (name in full) ONLY TO SIGN AT YOUR APPOINTMENT	
I have no reason to think I am or may be pregnant (DELETE IF NOT APPLICABLE)	
I have received information on the recommended vaccinations and have had the opportunity to ask questions. I give my consent to the vaccinations listed below.	
Signed: Please print this form and hand in to the surgery. Please remember - do not hand this form to us if you are travelling within 3 weeks	
If signing on behalf of a child please state signatory name and relationship:	

FOR SURGERY USE ONLY			
Travel risk assessment undertaken by (name)			
Travel Vaccines recommendations / administration			
Disease protection needed	YES	NO	Further information
NHS Vaccines - please indicate which may need to be offered and which are up-to-date			
Hepatitis A			
Typhoid			
Tetanus			
Diphtheria			
Polio			
Cholera			
Other			

Non-NHS Vaccines - please indicate which the patient should be aware of					
** Meningitis ACWY			Malaria		PLEASE NOTE - WE DO NOT PROVIDE NON-NHS VACCINES This information is provided so that you are aware of possible vaccine-preventable health risks available
** Yellow Fever			Hepatitis B		
** Rabies			Other		
** Japanese B Encephalitis			Other		

IF ANY NON-NHS VACCINES ARE INDICATED you will need to find a private travel health clinic and arrange vaccinations with them. This may not be free of charge

Disease protection advised	Yes	Disease protection advised	Yes
BCG/Mantoux		Influenza (seasonal)	
Cholera		Meningitis ACWY	
Dip/Tetanus/polio		MMR	
Hepatitis B		Rabies	
Yellow Fever		Typhoid	
Japanese Encephalitis		Other	
Tickbourne Encephalitis		Other	
Vaccine and General Travel Advice required / provided			Tick
Potential side effects of vaccines discussed			
Patient Information Leaflet(s) from administered vaccines given			
Consent for vaccination obtained: verbal <input type="checkbox"/> written <input type="checkbox"/>			
Post vaccination advice given: verbal <input type="checkbox"/> written <input type="checkbox"/>			
General travel advice - leaflet given (all topics indicated below) and/or patient asked to read entire leaflet due to extended time required to advise verbally on every topic: YES / NO			
Prevention of accidents		Mosquito bite prevention	
Personal safety and security		Malaria prevention advice	
Food and water borne risks		Medical preparation	
Travellers diarrhoea advice		Sun and heat advice	
Sexual health & blood borne virus risk		Journey / transport advice	
Rabies specific advice		Insurance advice	
Other specialised/specific advice / information signposted: e.g smoking advice for long haul flight; altitude advice; DVT avoidance advice etc:			
Additional information: e.g Recommend vaccine(s) declined by patient - Additional telephone advice obtained from - (NaTHNac / TRAVAX / Hospital/Other)			
Post Vaccination administration:			
Travel template/vaccine details on patient computer record		Y / N	Form scanned Y / N
Immunisation printout to patient		Y / N	Patient advised to attend for boosters Y / N
Travel risk management consultation by (sign/name/date)			