**University Health Service**

**Please read these notes prior to completion of the Pre Travel Questionnaire:**

**Travel Appointments**:

A travel clinic appointment is 30 minutes in length. If you are unable to attend the appointment then you must cancel this as far in advance as possible and certainly prior to the appointment time to allow the appointment to be reallocated. If you do not do this and fail to attend the appointment or cancel so late that the appointment cannot be reallocated then we will be unable to offer you a new appointment and you will be required to make alternative arrangements to attend another Travel Clinic for your vaccinations

**Please return the Pre Travel Questionnaire ideally in advance of your appointment and if you can not do this then you must bring it with you on the day**. If you are planning on travelling abroad you may require immunisations. Some vaccines are given as a course of several injections over 4 weeks and they then require 2 weeks after completion of the course to become effective. We understand that your travel plans may not be finalised but please provide as much detail as you can re your travel in the **travel itinerary section**.

Please complete the **vaccination history section** as best you can although we realise that your vaccination records are not always immediately available to you.

* It is particularly important that this section is completed if you had travel vaccines previously out with the UK or if you were given travel vaccines at a private travel clinic in the UK
* If you have had travel vaccines given to you at another GP practice in the UK then we may have records of what vaccines you have had previously. One of our staff will go through your medical records to see what vaccines you have had however, this information is not always available for various reasons so still try to complete this section as fully as possible.
* In summary please complete this section as fully as you can and as soon as you can. If you subsequently manage to obtain your vaccination records please bring this to your first travel appointment. It is very difficult to advise what vaccines you need if we do not know what you have had previously.

 **Travel Appointment**: If we have your form a nurse will have reviewed your travel plans and on the basis of this will recommend which vaccines you consider. This will be further discussed with you at your appointment. For further advice on these vaccines and general travel health information specific to your destination(s) you should visit [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

**Price of private travel vaccines are given below.**

|  |  |
| --- | --- |
| Yellow fever | £58 |
| Meningitis ACWY | £60 |
| Hepatitis B (3 or 4 dose schedule) | £40.50 |
| Rabies (intramuscular - 3 doses) | £69.53 |
| Rabies (intradermal – 3 doses) | £30 |
| Tick-borne encephalitis (2 doses)  | £65.00 (each) \*\****vaccine is ordered*** ***after payment received so must pay for both at same time*** Check if in stock otherwise carriage charge of £18 will apply |
| Japanese Encephalitis (2 doses)  | £95.00 (each) **\*\**vaccine is ordered after payment received so must pay for both at same time.***  |

**Vaccination history** (**Please tick and give approximate dates or provide a copy of immunisation record**)

* Typhoid
* Hepatitis A
* Hepatitis B
* Yellow fever
* Meningitis ACWY
* Rabies
* Japanese encephalitis
* Tickborne encephalitis
* Cholera

Name: DOB:

Address:

Postcode:

Contact phone no:

Can a message be left on answer phone: Yes / No

# **Pre-Travel Questionnaire**

* Tetanus
* Polio
* Diphtheria
* MMR
* BCG

**Current medication:**

**Current health problems:**

**Drug or Food Allergies:**

Pregnancy (current or planned)?

Yes No N/A No. of weeks……...

**Travel itinerary**

Departure date: ………………………………………… Total duration: …………………………..

Countries and areas do you intend to visit? (Including stopovers):

Country Area Length of stay

1) …………………………… …………………………………… ………………………….

2) …………………………… .…………………………………. ………………………….

3) …………………………… ………………………………….. ………………………….

4) …………………………… ………………………………….. ………………………….

5) …………………………… ………………………………….. ………………………….

* Meningitis ACWY
* Rabies
* Japanese Encephalitis
* Tickborne encephalitis
* Tetanus
* Polio
* Diphtheria
* MMR
* BCG
* Cholera

**PRACTICE NURSE TO COMPLETE**

Vaccinations to be considered:

* Typhoid
* Hepatitis A
* Hepatitis B
* Yellow fever

**Nurse signature**

**Malarial Prophylaxis Advised**

Chloroquine Proguanil Doxycycline Mefloquine Atovaquone/Proguanil None

Good □

Basic □

Unknown □

Cities / Urban □

Rural □

Beach □

Near farm land □

Within 24 hours of medical care □

Altitude>2500m □

**Accommodation**

**Areas visited**

**Type of trip**

Voluntary work □

Student/elective □

Aid worker □

Backpacking □

Visit friends/family □

Adventure holiday □

Package trip □

Cruise □

Business □

Immigration □