

TRAVEL IMMUNISATIONS

Have you booked your holiday?

Please allow at least 8-10 weeks before travelling to visit travel clinic, or longer if your schedule is complicated and lengthy. Living and working in some of these countries you may need quite a few vaccines.

- Please complete a Travel Assessment Form as soon as possible. This can be obtained from Reception or downloaded from website.
- The Practice Nurses will look at your Form and assess which vaccines you will need, what travelling advice to give you and whether anti-malarial tablets are needed.
- Contact Reception 7 days later to make an appointment with the Practice Nurse.

Travel Clinics are held on Monday and Wednesday afternoons

It is very important if your schedule is complicated i.e. Backpacking or travelling to Far East, India, Africa, Central and South America or indeed going to live and work in these countries for a while, to give us as much information as possible i.e. exact locations and what you will be doing in these countries, what sort of transport and accommodation.

NB. Different locations and types of work need different vaccines and anti-malarial tablets. It can depend on your 'risk factor' what you are doing and where you are staying and for how long.

- Please remember that some immunisations involve a **course** of vaccines which can only be given effectively over a period of time. A good immunity against some of the diseases can take time to obtain. This may involve up to 4 or 5 appointments.
- There is a cost involved with some of these vaccines.
- We are a Yellow Fever Centre.

NB. Yellow Fever has always been very common in Central African Countries but now is on the increase in parts of South America. You may be asked for a certificate in a country which does not have Yellow Fever if travelling from one that does. If you have a chicken/egg allergy the Yellow fever Vaccine cannot be given. Also if you have serious health problems the Yellow Fever vaccine may not be effective or can increase the risks of complications of the vaccine itself and may not be advised to be given. Therefore in these cases careful consideration should be taken as to whether you should be travelling to these countries.

Time in our Travel Clinic is limited and it is very useful if you have researched your holiday yourself before coming to the Clinic. You may find these websites useful:

- www.fitfortravel.nhs.uk
- www.nathnac.org

- www.fco.gov.uk/travel
- www.immunisation.nhs.uk
- www.malariahotspots.co.uk

The Travel Clinic is an additional service we offer and not all patients will be able to attend, you may wish to make alternative Travel Clinic arrangements.

The nearest private Travel Clinics are:

- Masta Tavel Clinic Newport Pagnell - Appointments 0330 100 4268
- Superdrug Clinic Milton Keynes - Appointments 0845 026 0830

Leaflets on Masta Travel Clinics can be obtained from Reception, (there are quite a few all over the country and in London)

Asplands & Woburn Medical Centres Travel Risk Assessment Forms

Please complete form 8-10 weeks prior to your travel and hand completed form to reception. Recommendations will be available 7 days after completing this form. Please contact us to make an appointment. Asplands: 01908 582069 Woburn: 01525 290214.

It is important to advise us immediately if you are travelling within 2 weeks.
Please be aware that for some travel schedules at least 2 visits will be necessary.

Personal details						
Name:			Date of birth: Male [] Female []			
Easiest contact telephone number						
E mail						
Dates of trip						
Date of Departure						
Return date or overall length of trip						
Itinerary and purpose of visit						
Countries to be visited and exact location staying.		Length of 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	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives / family home		Other	
4. Travelling	Alone		With family / friend		In a group	
5. Staying in area which is	Urban		Rural		Altitude	
6. Planned activities	Safari		Adventure		Other	

Personal medical history					
Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions, thymus disorder)					
List any current or repeat medications					
Are you allergic to foods i.e. Eggs, shellfish, nuts - Drugs (antibiotics) – Latex					
Have you had Anaphylactic reaction to any of the above or any other substance					
Have you ever had a serious reaction to a vaccine given to you before?					
Does having an injection make you feel faint?					
Do you or any close family members have epilepsy?					
Do you have any history or mental illness including depression or anxiety					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Women only: Are you pregnant or planning pregnancy or breast feeding?					
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?					
Please write below any further information which may be relevant					
Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

For discussion when risk assessment is performed within your appointment

I have no reason to think that I might 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 _____

Patients Label

For official use			
Patient Name:		Patients Label	
Travel risk assessment performed Yes [] No []			
Travel vaccines recommended for this trip			
Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

Authorisation For patient's Specific Direction:

Assessors Name: _____ Signature: _____

Prescribed By: _____ Signature: _____

Date: _____