

MAWSLEY SURGERY

TRAVEL HEALTH QUESTIONNAIRE

Please note that a separate questionnaire should be completed per person

Most vaccines take AT LEAST 2 WEEKS to build up antibodies. Ideally we need to see you 6 WEEKS before you travel.

Name DOB male/female

Address easiest contact telephone number/s

.....home/work

..... mobile.....

.....

DATES OF TRIP

Date Departure Return Date Length of trip

ITINERARY AND PURPOSE OF VISIT

Please ensure that you list ALL the countries to be visited and for how long including any stopovers.

Country to be visited	Date from	Date to	Away from medical help?

Do you have any future travel plans? Yes/ no if so what?

Please tick as appropriate to describe your trip.

<u>Type of trip</u>	<u>business</u>	<u>pleasure</u>	<u>other</u>	
<u>Holiday type</u>	<u>Package/camping</u>	<u>Self organised/ cruise</u>	<u>backpacking</u>	
<u>Accommodation</u>	<u>hotel</u>	<u>Relatives/ family home</u>	<u>other</u>	
<u>Travelling</u>	<u>alone</u>	<u>With family/friends</u>	<u>In a group</u>	
<u>Staying in area which is</u>	<u>urban</u>	<u>rural</u>	<u>altitude</u>	

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Do your planned activities include

Safari Adventure Diving Working with animals..... Aid work

Personal medical history.

- 1) Do you have any recent or past medical history of note? (lung/heart conditions, diabetes)
- 2) List any current or repeat medicines you are taking.
- 3) Do you have any allergies ? especially to eggs, antibiotics, nuts or latex? **YES / NO**
- 4) Have you ever had a serious reaction to a vaccine given to you before ? **YES/ NO**
- 5) Does having an injection make you feel faint ? **YES / NO**
- 6) Do you or any close family member have epilepsy ? **YES / NO**
- 7) Do you have any history of mental illness including depression or anxiety ? **YES/ NO**
- 8) Have you recently undergone radiotherapy/chemotherapy or steroid treatment? **YES/NO**
- 9) **Women only** Are you pregnant / planning pregnancy or breast feeding? Please state
- 10) Have you taken out travel insurance covering activities you will be doing, and if you have a medical condition informed the insurance company about this? **YES / NO**
- 11) **Please write below any further relevant information.**

VACCINATION HISTORY

Have you ever had any of the following vaccinations / malaria tablets and if so when?

<u>TETANUS</u>	<u>POLIO</u>	<u>DIPHTHERIA</u>
<u>TYPHOID</u>	<u>HEPATITIS A</u>	<u>HEPATITIS B</u>
<u>MENINGITIS</u>	<u>YELLOW FEVER</u>	<u>INFLUENZA</u>
<u>RABIES</u>	<u>JAP B ENCEPH</u>	<u>TICK BORNE ENCEPH</u>
<u>MMR</u>	<u>ANY OTHER VACCINES</u>	
<u>MALARIA TABLETS</u>		

Consent.

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 administered to me/ my child.

SIGN..... PRINT NAME.....

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RISK ASSESSMENT for official use

Patient Name DOB.....

TRAVEL RISK ASSESSMENT PERFORMED YES / NO

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP

	yes	no	Patient declined vaccine	Further information
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Encephalitis				
Other				

Travel Advice and Leaflets given.

Food, water and personal hygiene	Travellers diarrhoea	Blood and bodily fluid infection risks e.g Hep B	
Insect bite prevention	Animal bites	Accidents	
Insurance	Air travel	Sun and heat protection	
Websites		Other	
Travel record card supplied			

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Malaria Prevention Advice given _____ **YES/ NO**

Malaria Propylaxis required ? _____ **YES/NO**

Chloroquine and Proguanil		Atovaquone +Proguanil	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Further information.

Weight of child **Kg**

Name of Assessor

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Please note that we are NOT a specialist travel centre and therefore only offer the vaccines that are free of charge, i.e Diphtheria, tetanus, polio, MMR, Hepatitis A , and Typhoid. We also administer Hepatitis B but there is a charge for this of £ 135 for the course of 3 vaccines and £ 45 for a booster.

All other vaccines will need to be obtained from a specialist travel centre. The nearest ones are:

1) Weavers Medical
Prospect House
Lower Street
Kettering

Tel 01536 513494

2) MASTA Travel Centre
Newport Pagnell Medical Centre
Queens Avenue
Newport Pagnell
Bucks
MK16 8QT

Tel 0330 1004268

3) Market Harborough Medical Centre
67 Coventry Road
Market Harborough
LE16 9BX

Tel 01858 464242

Useful websites.

www.fitfortravel.nhs.uk

www.nathnac.org/travel/index.htm

www.masta-travel-health.com.htm

Useful phone numbers.

British Airways 0845 6002236 London Travel Clinic

