The Wellington Road Practice

Recommended Travel Vaccination

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All information is treated as confidential | | | | | |
| Name: | | Date of birth: | | | |
| Address: | | Telephone: | | | GP |
| Travel Details | | | | | |
| Date of travel: | | Total length of travel: | | | |
| Country | | Region | | | Length of stay |
| 1. | |  | | |  |
| 2. | |  | | |  |
| 3. | |  | | |  |
| 4. | |  | | |  |
| Purpose of trip (circle all that apply)  Pleasure Adventure Cruise Diving Long-term (backpacker/expatriate/volunteer/work)  Healthcare worker Medical tourism Pilgrimage Visiting friends & relatives (VFRs)  Medical History  Do you take any medication/pills? (Prescribed/self-treatment/over-the-counter, including contraception) Yes No  Please list all medication:  Do any of the following apply to you: | | | | | |
|  | Yes | | No | Details | |
| Allergies(including food, latex,  medication etc.) |  | |  |  | |
| Anaemia |  | |  |  | |
| Bleeding/clotting disorders  (including deep vein thrombosis) |  | |  |  | |
| Heart disease  (e.g. angina, high blood pressure) |  | |  |  | |
| Diabetes |  | |  |  | |
| Epilepsy/seizures |  | |  |  | |
| Gastrointestinal (stomach) complaints |  | |  |  | |
| Liver problems |  | |  |  | |
| HIV/AIDS |  | |  |  | |
| Immune system condition |  | |  |  | |
| Mental health issues  (including anxiety, depression) |  | |  |  | |
| Neurological (nervous system) illness |  | |  |  | |
| Kidney problems |  | |  |  | |
| Respiratory (lung) disease |  | |  |  | |
| Rheumatology (joint) conditions |  | |  |  | |
| Spleen problems |  | |  |  | |
| Any other conditions |  | |  |  | |
| Women only: Date of last period?  Are you pregnant, breastfeeding or planning pregnancy whilst travelling? Yes No | | | | | |

Signed……………………………………… Date……………………………

Vaccines Required

*For official use only*

Name

Emis Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Travel  Vaccine/s | Recommended  For area | Date  Previous vaccine | Vaccine  Required | Comment  Discussed pricePrice |
|  |  |  |  |  |
| Diphtheria/  Tetanus/Polio | YES/NO |  | YES/NO |  |
| Hepatitis A | YES/NO |  | YES/NO |  |
| Typhoid | YES/NO |  | YES/NO |  |
| Hepatitis B | YES/NO |  | YES/NO | £35 x 3 |
| Cholera | YES/NO |  | YES/NO |  |
| Rabies | YES/NO |  | YES/NO |  |
| Influenza | YES/NO |  | YES/NO |  |
| Meningitis  ACWY | YES/NO |  | YES/NO | £84 |
| MMR | YES/NO |  | YES/NO |  |
| Japanese Encephalitis | YES/NO |  | YES/NO | £70 x 3 |
| Tick bourn Encephalitis | YES/NO |  | YES/NO | £70 (child)x3  £77 (adult)x3 |
| Yellow Fever | YES/NO |  | YES/NO |  |
| Other | YES/NO |  | YES/NO |  |
| Antimalarials Comments | | | | |
|  | | Recommended for Area | |  |
| Atovaquone/proguanil (Malerone) | |  | |  |
| Chloroquine | |  | |  |
| Doxycycline | |  | |  |
| Mefloquine | |  | |  |
| Proguanil | |  | |  |
| Chloroquine & Proguanil | |  | |  |
| Bite avoidance only | |  | |  |
| Other Advice | |  | | |

I agree for the above person to receive stated Vaccination’s

Date Signed