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 HistoryDo you take any medication/pills? (Prescribed/self-treatment/over-the-counter, including contraception) Yes NoPlease 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TravelVaccine/s | RecommendedFor area | DatePrevious vaccine  | Vaccine Required | CommentDiscussed 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 |  |
| MeningitisACWY | 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