

# Hessle Grange Medical Practice

## TRAVEL HEALTH QUESTIONNAIRE

Please read the information provided and complete this travel health questionnaire to the best of your knowledge before returning to Hessle Grange Medical Practice.

Please allow as much time as possible as some vaccines require a course of injections and you may leave yourself unprotected if you do not allow sufficient time. If you do not leave enough time for the nurse to do a full assessment you may not be able to receive all the health advice or recommended vaccine protection applicable to your destination.

### **PLEASE COMPLETE AND RETURN THE TRAVEL HEALTH QUESTIONNAIRE AT LEAST 8 WEEKS PRIOR TO TRAVELLING**

**IF YOU ARE UNABLE TO SUBMIT A TRAVEL VACCINATION QUESTIONNAIRE IN THE REQUIRED TIMESCALE PLEASE CONTACT ONE OF THE PRIVATE HEALTH CLINICS BELOW WHO WILL BE ABLE TO ADVISE YOU WITH DETAILS OF THEIR COSTS AND APPOINTMENT SYSTEM**

<i>Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG</i>	<i>Tel: 01482 492219</i>
<i>Haltemprice Travel Clinic, 15 Southella Way, Kirk Ella, HU10 7HB</i>	<i>Tel: 01482 654805</i>
<i>York Travel Clinic, Priory Medical Centre, Cornlands Rd, York YO24 3WX</i>	<i>Tel: 0330 100 4325</i>

Some travel vaccines are free on the NHS, however, some vaccines are NOT FREE on the NHS - for example Hepatitis B, Cholera, Meningitis AWCY, Rabies, Japanese B Encephalitis, Yellow Fever and such like.

Vaccines which are not free on the NHS, which the practice holds in their stock, will incur costs. Recommended vaccines, not held in practice stock, and any recommended travel medications will require production of a private prescription which too will incur a cost; the vaccines/medication will then also have to be paid for on collection at the pharmacy.

You may require Yellow Fever vaccinations and certificates; the practice will inform you if you need these.

**ANY FEES MUST BE PAID PRIOR TO YOUR TRAVEL HEALTH APPOINTMENT, THESE CHARGES WILL BE NON-REFUNDABLE SHOULD YOU FAIL TO ATTEND THE APPOINTMENT.**

The practice uses the 'Green Book' and a number of travel websites as the primary source of up-to-date travel health risk information. These websites also have large sections for members of the public to use to help them understand the areas they intend to visit.

Suggested websites you may wish to visit:

<https://www.nhs.uk/common-health-questions/travel-health/which-vaccinations-do-i-need-to-travel-abroad/>

<https://travelhealthpro.org.uk/>

[www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

[www.gov.uk/knowbeforeyougo](http://www.gov.uk/knowbeforeyougo)

<https://www.nhs.uk/conditions/travel-vaccinations/>

<https://www.nhs.uk/live-well/healthy-body/travel-health-checklist/>

We recommend you visit these websites yourself before your travel health appointment - it will assist your understanding of the health risks, the vaccines available and the questions you may want to ask to inform your decisions on which vaccines you may wish to have.

# TRAVEL HEALTH QUESTIONNAIRE

## PRIVATE & CONFIDENTIAL

Please complete this form fully and return to Hessle Grange Medical Practice at least 8 weeks prior to your travel date.

A practice nurse will undertake a travel health risk assessment based on the information you provide and will then contact you to inform you of any vaccinations / medication which are recommended for your travel and if any cost will apply.

Personal details <b>PLEASE USE BLOCK CAPITALS AND WRITE IN BLACK INK</b>		
Name in full	Date of birth	Age
Address (including postcode)	Gender	
Preferred contact telephone number	NHS No. (if known)	

<i>Date form completed</i>	<i>Your signature</i>
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Travel details			
Date of departure	Date of return	Overall length of trip	
Destination(s) and purpose of visit			
<i>Country to be visited</i>	<i>Region to be visited</i>	<i>Length of stay</i>	<i>Will you be away from medical help?</i>
1.			
2.			
3.			
4.			
Please tick as many boxes to best describe your trip			
Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>
Package holiday	<input type="checkbox"/>	Self-organised	<input type="checkbox"/>
Camping holiday	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>
Accommodation type			
Hotel	<input type="checkbox"/>	Relatives/family home	<input type="checkbox"/>
Description of area			
Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>
Planned activities			
Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>
Accommodation type			
Hotel	<input type="checkbox"/>	Relatives/family home	<input type="checkbox"/>
Are you travelling ...?			
Alone	<input type="checkbox"/>	With family / friend	<input type="checkbox"/>
Please provide any other relevant information about your trip			

<b>Vaccination history (have you had any of the following - if yes, please give dates)</b>					
Diphtheria		Malaria tablets		Tetanus	
Hepatitis A		Meningitis		Tick Borne Enc	
Hepatitis B		Pneumococcal		Typhoid	
Influenza		Polio		Yellow fever	
Jap B Enceph		Rabies			
Other (please state)					
<b>Medical history (please answer all questions with as much detail as possible)</b>					
List any recent or past medical history of note (e.g. diabetes, heart or lung conditions)?					
List any medications you are taking (or attach a repeat prescription list)					
Do you have any allergies (e.g. to eggs, nuts, antibiotics etc)? <i>If answered YES, please list</i>					Yes or No
Have you ever had a serious reaction to a vaccine given to you?					Yes or No
Do you or any family members have epilepsy?					Yes or No
Have you recently had radiotherapy, chemotherapy or steroid treatment?					Yes or No
Do you have lymphoma, leukaemia or Hodgkin's disease?					Yes or No
Are you HIV positive?					Yes or No
<b>WOMEN TRAVELLERS:</b> Are you pregnant or planning pregnancy or breastfeeding?					Yes or No
Please list any further information which may be relevant					

You will be asked to sign the following Statement of Consent at your appointment

<b>CONSENT FOR VACCINATION for</b>	(Name in full)
<b>(Only sign at your appointment)</b>	
I have no reason to think I am or may be pregnant (DELETE IF NOT APPLICABLE)	
<i>I have received information on any recommended vaccinations/medication and have had the opportunity to ask questions. I understand that the vaccinations/medication are not guaranteed to give 100% protection.</i>	
I give my consent to the vaccinations recommended by the practice for my trip.	
Signed:	Dated:
If signing on behalf of a child please state name and relationship:	

**FOR OFFICE USE ONLY**

Date form received ..... Received by (signature) .....

## FOR SURGERY USE ONLY

Travel risk assessment undertaken by (name):

### **TRAVEL VACCINES & MEDICATION RECOMMENDATIONS / ADMINISTRATION**

Disease protection needed	YES	NO	Further information
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*NHS Vaccines - please indicate which may need to be offered and which are up-to-date*

Disease protection needed	YES	NO	Further information

*Non-NHS Vaccines - please indicate which may need to be offered and which are up-to-date*

Disease protection needed	YES	NO	Further information

*Medication - please indicate which may need to be offered*

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### **VACCINE & GENERAL TRAVEL ADVICE REQUIRED / PROVIDED**

Potential side effect of vaccines discussed:                Yes     No

Consent for vaccination obtained:                    Verbal     Written

Post vaccination advice given:                      Verbal     Written

**General travel advice given (please tick as appropriate)**

Prevention of accidents		Mosquito bite prevention	
Personal safety and security		Malaria prevention advice	
Foot and water borne risks		Medical preparation	
Diarrhoea advice		Sun and heat advice	
Sexual health & blood borne virus risk		Journey / transport advice	
Rabies specific advice		Insurance advice	

**Other specialised/specific advice/information signposted:**

E.g. smoking advice for long haul flight; altitude advice; DVT avoidance advice etc.

**Additional information:**

E.g. recommended vaccine(s) declined by patient, additional advice obtained from NaTHNac/TRAVAX/Hospital/other

Travel vaccine(s) entered on patient's computerised record		YES	NO	Immunisation printout provided to patient		YES	NO
Patient advised to attend for boosters		YES	NO	Form scanned on to patient record		YES	NO

*Signature*

*Date*

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