



TRAVEL APPOINTMENTS IMPORTANT INFORMATION

PLEASE READ THIS INFORMATION BEFORE COMPLETING A PRE-TRAVEL QUESTIONNAIRE AND KEEP FOR REFERENCE

Travel abroad for holidays, gap-years, visiting family & friends, occupational need or any other reason can pose significant health risks for all travellers.

It is ***your*** responsibility to ensure you are adequately protected against any infectious diseases that you may come into contact with during your travels and to maintain a personal record of any vaccinations you are given.

Prior to arranging an appointment you should find out as much information as you can by visiting the travel websites:-

www.fitfortravel.nhs.uk

www.nathnac.org/travel

www.fco.gov.uk

You should attend a Travel Assessment Appointment at least **6 weeks** before travel; therefore your Travel Questionnaire should be submitted to the surgery at least **8 weeks** before your departure date to ensure you will get an appointment. Please bear this in mind, especially if you are tempted to consider late-booking bargains.

If your travel itinerary is complex and/or your overall length of travel will be more than 28 days you may be advised to book an appointment at a Private Travel Clinic where the advice given can be more specific and detailed to your individual needs (see below).

Also, if your departure date is less than 6 weeks it is possible that we will be unable to arrange an appointment for you, in which case you should arrange an appointment with one of the Private Travel Clinics :-

Rothsay Surgery – Tel: 01234 271800 14 Rothsay Place, Bedford, MK40 3PX

Lomack Health Clinic – Tel: 01234 844030 162 Bedford Road, Kempston, MK42 8BH

PLEASE TURN OVER →

You **must** complete a separate questionnaire for each person travelling, including children.

Please give as much detail about your trip as possible; in particular the exact cities/towns/areas you will be visiting should be stated.

Return your form to Reception and it will then be reviewed by a Nurse within 48 hours. A member of the Reception staff will then contact you to arrange your appointment.

Please note that the Reception staff are not able to answer any queries about the vaccinations recommended. If you require information before your appointment please check the websites mentioned previously or arrange a telephone call with a Nurse.

If you are advised to consult a Private Travel Clinic you may be able to have your non-chargeable vaccinations here at the surgery. Please ask to speak to one of the nurses.

Non-chargeable vaccines include: **Tetanus, Diphtheria, Polio, Hepatitis A and Typhoid.**

We are a registered **Yellow Fever** Centre so this vaccination can be given here (cost £40). (Only available to registered patients).

Our private vaccine charges are: -

Hepatitis B* (£60 course of 3, £20 single dose)

Rabies* (£90 course of 3)

Meningitis (£22)

*both Rabies and Hepatitis B usually require a course of 3 doses but it is not always necessary for you to have all of these doses prior to travel. We may have to order these vaccines in for you.

Payment is required on the day you have your appointment and is by cash or cheque only.

We do not have the facility for credit card payment.

IMPORTANT: It is our policy that there should be a doctor in surgery when you are receiving vaccinations, especially those administered privately. Therefore you may have to attend more than one appointment to complete all required vaccinations.

Before travelling abroad you also need to ensure you have adequate insurance protection in case anything should go wrong.

Please see the Foreign Commonwealth Office website for advice about insurance:

Web-link: <http://www.fco.gov.uk/en/travel-and-living-abroad/staying-safe/travel-insurance/>



PRE-TRAVEL QUESTIONNAIRE

NAME: _____ **Date of Birth:** _____

ADDRESS: _____

CONTACT NUMBER: _____

DATES OF TRAVEL from: **until:**

<p><u>COUNTRY and CITIES/AREAS</u> to be visited: (please attach another sheet if necessary)</p> <p>1..... urban/rural/altitude*</p> <p>2..... urban/rural/altitude*</p> <p>3..... urban/rural/altitude*</p>	<p><u>LENGTH of STAY:</u></p> <p>.....</p> <p>.....</p> <p>.....</p>
---	---

*circle all that apply

REASON for TRAVEL*: leisure/family holiday • visiting family/friends • business trip • honeymoon • charity/volunteer work • school trip • sabbatical/gap-year • medical treatment • other (please give details).....

TYPE of TRAVEL*: package • self-organised • camping • cruise • back-packing • other.....

ACCOMMODATION*: hotel • family/friend's home • hostel • safari lodge • tent • other.....

TRAVELLING*: in a group • alone • with family/friend(s) • other.....

ACTIVITIES*: safari • volunteer work • trekking • water sport • other.....

VACCINATION HISTORY: Have you ever had any of the following vaccinations and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Japanese B Encephalitis		Tick Borne Encephalitis	

MALARIA MEDICATION: Have you ever had any anti-malarial tablets? If so, which :-

Chloroquine • Proguanil • Mefloquine • Doxycycline • Atovaquone + Proguanil (Malarone)

PLEASE TURN OVER TO COMPLETE THE QUESTIONNAIRE →

Personal medical history: (circle or delete as appropriate. Comment using a separate sheet if necessary).

Have you now or ever had any of the following, or is there any history in your family of:

Heart problems • High Blood Pressure • Diabetes • Lung problems • Asthma • Stroke • Epilepsy

Comment.....

Do you have any history of mental illness including depression or anxiety? YES • NO

Comment.....

Have you had radiotherapy or chemotherapy or treatment for cancer in the past six months? YES • NO

Comment.....

Do you have a medical condition or take any medication that affects your immune system? YES • NO

Comment.....

Have you had your spleen removed? YES • NO

Are you taking any medication that is not prescribed by this surgery? YES • NO

Please list, especially any medication which you have bought yourself:

.....
.....
.....

Do you have any allergies to medication or food (e.g. eggs, antibiotics, nuts)? If yes, please give details

.....
.....

Have you ever had a serious reaction to a vaccine given to you before? If yes, please give details:

.....
.....

Women only:

Are you pregnant? YES • NO

Are you planning pregnancy within the next year? YES • NO

Are you breastfeeding? YES • NO

TRAVEL INSURANCE:

Have you taken out travel insurance? YES • NO

If you have a medical condition, have you informed your travel insurance company? YES • NO