



## **TRAVEL IMMUNISATION ADVICE**

Thank you for your enquiry about immunisations prior to your travel. We will do our best to provide you with up to date travel advice for your trip.

- Please complete the '**Holiday Health Planner**' on page 2 with as much information as possible. You must give us at least **6 weeks** of notice before your travel date to use our travel services. For a 'gap year' and complicated travel itineraries immunisation 6 months before travel may be more appropriate
- The nurses will perform a risk assessment for your trip before your first appointment for travel immunisation advice.
- **You will need to pay for all non-NHS travel vaccines and malaria prophylaxis prior to administration (current costs available at reception). The nurse will invoice you for this cost. Payment can be by cash or credit / debit card.**
- At the present time other vaccines are available on the NHS (Hepatitis A, Typhoid, Polio, Tetanus and Diphtheria).
- **Yellow Fever** – We are not a Yellow Fever Centre, please see the above website or look on-line for the nearest Yellow Fever Centre.

**Travel health is not just about immunisations, other risks such as sun, insect bites, minor illnesses, 'travellers' diarrhoea, pre-existing medical disorders and access to medical care ALL need to be considered.**

*See over the page for the Holiday Health Planner*

## Freshwell Health Centre Holiday Health Planner

**Date Form Completed:** .....

Please answer the following questions to enable the nurse to assess whether or not you are adequately protected for **travel abroad**.

**PLEASE COMPLETE A SEPARATE FORM FOR EACH PERSON TRAVELLING**

Name: ..... Address: .....  
 Date of Birth: .....  
 Telephone: .....  
 Mobile: .....  
 Email: .....

**Please tick box to give consent to Freshwell Health Centre to contact you by email or leave a message on your answerphone regarding this travel advice.**

Please list all countries that you intend to visit (including brief stopovers):

COUNTRY	TYPE OF ACCOMMODATION (*)	DURATION OF STAY

\* Select from: Hotel/Apartment/Camping/Trekking/Safari/Visiting Friends or relatives

**DATE OF DEPARTURE:** .....

**Return this questionnaire to the surgery and the Travel Specialist Nurse will contact you to arrange your first appointment. We do not hold 'emergency vaccination' clinics here. You must give us at least 6 weeks of notice before your departure date.**

**NURSES USE ONLY**

VACCINATIONS REQUIRED	DATE	NON NHS COST

Risk of pregnancy YES/NO  
 Splenectomy YES/NO  
 Risk of Immunosuppression YES/NO  
 Allergy to eggs YES/NO  
 Reaction to previous inoculations YES/NO

**Advice**  
 Flight/Altitude/Backpacking

**Malaria prophylaxis recommended YES/NO Initials:** \_\_\_\_\_ **Date reviewed:** \_\_\_\_\_

<b>Advice Given:</b>	
<b>Date of Appointment Booked:</b>	