

2. Travel Clinic Form

For each person travelling, please fully complete a separate form, and return it to us as soon as possible **Allow 8 weeks** from returning your form to your departure date to give time for any vaccinations to take effect.

ABOUT YOU			
Surname		First name	
Home tel. number		Mobile	
D.O.B (dd/mm/yy)		Weight	
Usual doctor Cottrell/Robson/Riley/Mason/Rajagopal/Bruce			

ABOUT YOUR PERSONAL MEDICAL HISTORY (circle answer and if 'YES' enter details)		
Any recent/past medical history of note (e.g. diabetes/heart/lung conditions)?	Yes/No	
List any current or repeat medications		
Any allergies, e.g. to eggs, antibiotics, nuts etc.?	Yes/No	
Serious reaction to a vaccine given to you before?	Yes/No	
Does having an injection make you feel faint?	Yes/No	
Do you or any close family members have epilepsy?	Yes/No	
History of mental illness inc. depression or anxiety?	Yes/No	
Women Only: Are you pregnant or planning pregnancy or breast feeding whilst away?	Yes/No	
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	Yes/No	
Do you have travel insurance, and if you have a medical condition, informed insurance company?	Yes/No	
Other information that you feel might be relevant?		

ABOUT YOUR TRIP (add details or circle answer; and for other* add more information if appropriate)					
Departure (dd/mm/yy)		Return (dd/mm/yy)		Trip length (days)	
Countries visiting or stopping over in as can affect malaria cover etc	Exact location/region/high altitude / other		City or Rural	Stay length (days)	
Trip type	Business/ package/ holiday / cruise / trekking / round world trip / backpacking / other*				
Accommodation	Hotel / hostel / camping / with family or friends / other*:				
How travelling	Alone / with family or friends / in a group				
High risk activities	Safari / adventure / other*:				

TRAVEL VACCINATION AND CERTIFICATION CHARGES

Please note that all vaccinations are payable in full on your 1st appointment

VACCINATIONS	No of doses in course	Full Cost £	Nurse to tick if vaccination advised
Hepatitis B	3 Doses	110.00	
Hepatitis B	5 Yearly Booster	33.00	
Hepatitis B – Child	3 Doses	90.00	
Meningitis ACWY	1 Dose	55.00	
Rabies	3 Doses	135.00	
Japanese Encephalitis	Full Course	200.00	
Tick Bourne Encephalitis	Full Course	120.00	
If completing part vaccination course	TBA	TBA	

CERTIFICATES & FORMS	Full Cost £	Nurse to tick if required
Fitness to Travel Certificate	15.00	
Holiday Insurance cancellation Claim Form	25.00	
Vaccination Certificate	16.50	

SAMC USE ONLY

Nurse completing assessment		Date	
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TRAVEL RISK ASSESSMENT					
Recommended Vaccines	Yes	Date	No	Further information	Declined /administered?
Cholera					
Diphtheria					
Hepatitis A					
Hepatitis B					
Japanese B Enceph					
Meningitis ACWY					
Polio					
Rabies					
Tetanus					
Tick Bourne Enceph					
Typhoid					
Yellow Fever					
Other					

Malaria prevention advice and malaria chemoprophylaxis (tick as applicable)					
Advice leaflet given		Chloroquine & proguanil		Atovaquone+proguanil (malarone)	
Chloroquine		Mefloquine		Doxycycline	

TRAVEL ADVICE & LEAFLETS GIVEN (tick as applicable)					
Food, water & personal hygiene		Travellers' diarrhoea		Hepatitis B & HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun and heat protection	
Websites recommended					
Travel record card supplied		Other*			
Form to be scanned to the patient's record authorised by					

PATIENT DECLARATION

I have no reason to think I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and had the opportunity to ask questions. I consent to the vaccines being administered.

Signed		Date	
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