



The Cambridge Practice Travel Clinic Patient Information

Travellers:

- **For the latest travel health information please visit:** <http://www.fitfortravel.nhs.uk/>
- Those travelling for longer periods or backpacking will require earlier appointments, ideally 3 months prior to travel.
- Travellers booking last minute holidays are advised that it is possible to administer certain vaccines at short notice, however, a minimum of 14 days is recommended.

What to do next:

- Please complete the Travel Risk Assessment Form and hand it in to reception 6-8 weeks before you travel.
- Depending on your travel requirements you may require 1 or more follow-up appointments.
- If you require a Yellow Fever Vaccine, you will be required to attend **Aldershot Centre for Health** as this is the designated Yellow Fever Centre.
- **Please contact the surgery 10-14 days after handing in this form to see if your vaccination schedule has been completed by the nurse.**
- **Some travel vaccines may incur a fee. Please note we can only accept payment by card.**
- **Vaccination for unregistered patients is subject to payment and a temporary registration with the practice.**

Vaccination Fees:

Hepatitis B	£45.00 per dose
Rabies	£60.00 per dose
Japanese Encephalitis	£85.00 per dose
Meningitis ACWY	£60.00
Yellow Fever— Only available at ACFH	£50.00—60.00
Fitness to Travel Certificate	£60.00
Holiday Cancellation Certificate	£60.00
Yellow Fever Exemption Certificate	£30.00

- **Please note:** * A private prescription may be required for certain vaccinations and malaria prophylaxis which are **not** generally available on the NHS. e.g. Mefloquine, Doxycycline, Malarone.

Updated August 2019

The Cambridge Practice Travel Risk Assessment Form

Name:

Address:

Date of Birth:

Telephone Number:

Country of Destination (including stopovers):

Area of Country:

Length of Stay:

Date of Departure:

Reason for Travel:

Proposed Activities:

Type of Accommodation:

Urban or Rural:

Previous Travel Experience: Yes / No

Significant Past Medical History:

Current Health Problems:

Current Medications:

Do you have/or have you suffered from the following conditions:

If yes please give details:

Allergies:

Yes / No

Reaction to Previous Vaccines:

Yes / No

Epilepsy:

Yes / No

Psoriasis:

Yes / No

Heart Condition:

Yes / No

HIV:

Yes / No

Splenectomy:

Yes / No

Taking drugs that suppress the immune system:

Yes / No

Depression or Mental Health:

Yes / No

Pregnancy/planning in 3 months/breastfeeding:

Yes / No

Previous Vaccinations:

Have you taken anti-malaria cover before:

Yes / No

If yes please give details:

Weight of Child: _____

Signature:

Date:

The Cambridge Practice Travel Clinic Consultation Schedule

Name:		Date of Birth:	
Destination:			
Departure Date:			
Vaccines:	Date Given:	Recommended for Current Trip:	
Tetanus/Diphtheria/Polio			
Hepatitis A	1st Booster		
Hepatitis B	1st 2nd 3rd Booster		
Typhoid			
Cholera (Child 2-6yrs)	1st 2nd 3rd		
Meningitis ACWY (Menveo)			
Rabies	1st 2nd 3rd		
Yellow Fever			
Influenza			
Pneumococcal			
MMR	1st Booster		
Japanese Encephalitis	1st 2nd 3rd		
Tick Borne Encephalitis	1st 2nd 3rd		
BCG Status	Immune / Scar / Referral		
Malaria risk:	Yes / No	Any contraindications to Vaccines or Anti-Malarials? 	
Chemoprophylaxis recommended	Yes / No		
Chloroquine	Yes / No		
Proguanil	Yes / No		
Doxycycline	Yes / No		
Mefloquine	Yes / No		
Malarone	Yes / No	Private Prescription Required? Yes / No	Fee Incurred: _____