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| Millbrook Surgery – Holiday Travel Vaccination – To be completed by Patient. | |
| Name | Date of birth  Male [ ] Female [ ] |
| Easiest contact telephone number  Email |  |

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| **Personal medical history** |  |
| Do you have any recent or past medical history of note? (Including diabetes, heart, or lung conditions |  |
| Do you have any allergies for example to eggs, antibiotics, nuts, or latex? |  |
| Have you ever had a serious reaction to a vaccine given to you before? |  |
| Does having an injection make you faint? |  |
| Do you or any close family members have epilepsy? |  |
| Do you have any history or mental illness including depression or anxiety? |  |
| Have you recently undergone radiotherapy, chemotherapy, or steroid treatment? |  |
| Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this? |  |
| ***Women only:***  Are you pregnant or planning pregnancy or breastfeeding? |  |

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| **Date of departure:** | | | | | | | | |
| **Return date or overall length of trip:** | | | | | | | | |
| **Details about destinations(s)** | | | | | | | | |
| Country and location to be visited | | | Length of Stay | | | Away from medical help at destination, if so, how remote? | | |
| 1. | | |  | | |  | | |
| 2. | | |  | | |  | | |
| 3. | | |  | | |  | | |
| Do you plan to travel abroad again in the future? | | | | | | | | |
| Please tick as appropriate below the best to describe your trip | | | | | | | | |
| 1. Type of trip | Business |  | | Pleasure |  | | Other |  |
| 2. Holiday type | Package |  | | Self-organised |  | | Backpacking |  |
| 3. Accommodation | Hotel |  | | Relatives/family home |  | | Other |  |
| 4. Travelling | Alone |  | | With family/friend |  | | In a group |  |
| 5. Staying in area which is | Urban |  | | Rural |  | | Altitude |  |
| 6. Planned activities | Safari |  | | Adventure |  | | Other |  |

**For Nurse to complete:**

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| Disease protection | Yes | No | Furter information |
| Hepatitis A |  |  |  |
| Hepatitis B |  |  |  |
| Typhoid |  |  |  |
| Cholera |  |  |  |
| Tetanus |  |  |  |
| Diphtheria |  |  |  |
| Polio |  |  |  |
| Meningitis A,C,W,Y |  |  |  |
| Yellow Fever |  |  |  |
| Rabies |  |  |  |
| Japanese B Encephalitis |  |  |  |

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| Travel assessment slot allocated:  YES: NO: DATE: |
| Practise nurse completing assessment:  YES: SIGNED: DATE: |
| Travel vaccines appointment booked:  YES: NO: DATE: |