

Brandon Medical Practice

Elbourne Surgery, 31 High Street, Brandon, Suffolk, IP27 0AQ

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www.brandonmedicalpractice.org.uk

Clinical Partners: Dr Jacqueline Rae Dr Emmanuel Obiabo

Business Partner : Denise Chittenden

PRE TRAVEL ASSESSMENT

This is an extended role which the GP Surgery offers.

Please complete a separate form for each person travelling in your party and submit to the surgery *no less than 72 working hours prior to your appointment* for processing. Please ensure your consultation is *6-8 weeks prior to travelling* to ensure optimum immunization cover. **Please note that all travel medications prescribed are private prescriptions and a fee incurred.**

We recommend that you research your trip prior to attending your appointment. We recommend the following websites:

<http://www.fitfortravel.nhs.uk/home.aspx>

<http://www.nathnac.org/travel/index.htm>

Name:	Date of Birth:
Address:	Contact Tel no: Born in UK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Country of origin:

EMIS no:		
Countries to be visited <i>(including all stopovers)</i>	Duration of stay	Date leaving

Reason for visit: *(please circle)*

1. Package Holiday
2. Work/ Buisness
3. Backpacking / Trekking
4. Cruise
5. Jungle areas
6. Staying with friend and relatives
7. Rural areas
8. Safari
9. Camping
10. Other *(please specify)*.....

Will you be away from medical aid for more that 72 hours?	<input type="checkbox"/> Yes	No
Are you currently receiving chemotherapy / radiotherapy?	<input type="checkbox"/> Yes	No
Are you currently taking antibiotics / corticosteroid medication?	<input type="checkbox"/> Yes	No
Have you ever had a serious reaction to a vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant, planning a pregnancy or currently breastfeeding?	<input type="checkbox"/> Yes	No
Do you or any close family member have Epilepsy?	Yes	No
Have you received any vaccines in the past month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any allergies? <i>(if so please state)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had anti-malarial tablets in the past?		
Malarone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doxycycline	<input type="checkbox"/> Yes	No
Mefloquine	<input type="checkbox"/> Yes	No
Other <i>(please state)</i>	<input type="checkbox"/> Yes	No

Action by receptionists: Place completed form in diary for nurse to collect and make 10 minute app slot for PN to review details and book appointment no less than 3 days ahead.	<input type="checkbox"/>
Action by PN's: Upon completion by PN leave for Drs to sign PSD if appropriate	<input type="checkbox"/>
Action by receptionists: Place in folder for scanning document onto Emis	<input type="checkbox"/>

Please note there is a professional fee for some immunisations which is payable by **cash or cheque only** at the time of your appointment (debit and credit cards not accepted)

Disease Protection	Date of last injection (if known)	Recommended by nurse	Fee
TETANUS DIPHTHERIA POLIO (combined)			No charge
TYPHOID			No charge
HEPATITIS A (a primary dose effective for 3 years booster at 6-12 months provides cover for 20 years)			No charge for initial vaccination Booster £18.00
HEPATITIS B (not normally required for short holidays)			£36.00 course (3 injections)
MENINGITIS ACWY			Available at private clinic
RABIES			Available at private clinic
JAPANESE ENCEPHALITIS			Available at Private clinic
TICKE BORNE ENCEPHALITIS			Available at Private clinic
YELLOW FEVER			Certification is required for some African and South American countries. Available at Private travel clinic only.
PNEUMOVAX			No charge if in criteria
INFLUENZA			No charge if in criteria
MANTOUX /BCG (not normally required for short holidays)			Available at Private clinic / chest clinic
CHOLERA			Available at private clinic

MALARIA PROPHYLAXIS: Prescriptions for malaria tablets are not available on the NHS- this will be discussed at your visit

Paludrine & Chloroquine			Purchase at pharmacy
Mefloquine			£23.00 charge for prescription plus the cost
Malarone			
Doxycycline			

If you are travelling to a country where malaria is common AVOID BEING BITTEN – use insect repellents containing DEET. The nurse will give you specific information regarding malaria tablets.

Checked by nurse signed:.....Date.....
PSD (Patient specific directive) signed by GP.....Date.....

CONSENT

To be signed at first appointment with Practice Nurse

Having been informed of the risks and benefits of vaccination, I consent to the recommended course of travel vaccination.

Signed:.....Date..... <i>(Parent or guardian of under 16 years old)</i>
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PATIENT NOTICE

THE SURGERY RESERVES THE RIGHT TO CHARGE FOR CERTAIN VACCINES THAT WOULD COST CONSIDERABLY MORE AT A PRIVATE TRAVEL CLINIC.

PLEASE BE AWARE THAT ALTHOUGH WE WILL TRY OUR VERY BEST TO ACCOMMODATE, SOMETIMES YOU MAY BE REQUIRED TO GO ELSEWHERE PRIVATELY IF WE CANNOT GET THE STOCK. OUR PRACTICE NURSE WILL BE ABLE TO ADVISE YOU ON THIS.