

**CLIFTON HOUSE MEDICAL CENTRE TRAVEL VACCINATION QUESTIONNAIRE**

To be completed before attending your appointment with the Practice Nurse.

Please note there may be a charge for your vaccinations. Please ensure you have means of payment when attending.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| D.O.B. |  |
| Home Tel No |  |
| Mobile Tel No |  |

**Your Travel details**

|  |  |
| --- | --- |
| Countries to be visited (including stopovers) |  |
| Departure date |  |
| Duration of stay |  |
| Type of trip (business, leisure, backpacking, diving) |  |
| Does your journey include | Coastal areas Yes/No Inland areas Yes/No |
| Which type of accommodation | Hotel Yes/No Camping Yes/No Cruise Yes/No Other Yes/No |

**Do you have any of the following problems?**

|  |  |
| --- | --- |
| Are you pregnant | Yes/No |
| Are you taking any medication, If yes please supply list. | Yes/No |
| Have you had any reactions to previous vaccinations | Yes/No |

**Previous Vaccinations**

|  |  |  |
| --- | --- | --- |
|  | Yes | Date given |
| Cholera |  |  |
| Typhoid |  |  |
| Tetanus |  |  |
| Polio |  |  |
| Yellow Fever |  |  |
| Hepatitis A |  |  |
| Other |  |  |

|  |  |
| --- | --- |
| Have you had any previous blood tests for Hepatitis B? | Yes/No |
| Have you had any previous anti-malarial treatment? | Yes/No |

It is standard practice for patients to wait in the waiting room at least 10 minutes after any vaccination as a precaution in the rare event of a reaction.

You are advised to have your initial assessment well in advance of departure to ensure completion of your vaccination course.

Ensure your travel itinerary is organised before attending to assist accurate travel assessment. Please bring all records of previous vaccinations.

Ensure adequate travel insurance for your trip. I travelling in Europe you may be able to apply for a European Health Insurance Card. Forms available at The Post Office or at [www.dh.gov.uk/travellers](http://www.dh.gov.uk/travellers).

|  |  |  |
| --- | --- | --- |
| No Charge Vaccines | Chargeable Vaccines | Vaccination Fee |
| Tetanus | Rabies | Prescription charge |
| Diphtheria | Japanese B Encephalitis | Prescription charge |
| Polio |  |  |
| Hepatitis A |  |  |
| Hepatitis B |  |  |
| Meningitis |  |  |
| Cholera |  |  |

Yellow fever vaccination is not available from this Practice. The following yellow fever centres are contactable.

**Newland Health Centre** **Sydenham House**

187 Cottingham Road The Boulevard

Hull Hull

Tel: 492219 Tel: 335534

**FOR NURSE ONLY**

Vaccinations needed

|  |  |  |
| --- | --- | --- |
|  | Given | Date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Malaria Prophylaxis given |  |  |

To be scanned and entered on to patient records.

Signature ………………………………………………. Date ………………………………………………