

**THIS SECTION TO BE COMPLETED BY THE PATIENT**

**April 2004**

1. Which countries do you intend to visit (including brief stopovers), and how long will be spent in each country?  
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  2. Date of departure.....
  3. Duration of stay .....
  4. What type of accommodation will you be staying in? .....
  5. Will you stay in coastal, inland or forested areas?.....
  6. Have you ever had any of the following vaccinations, and is so when?  
Diphtheria..... Typhoid..... Polio.....  
  
Tetanus..... Hepatitis..... Yellow Fever....
  7. Are you pregnant/breast feeding/or trying to conceive?.....
  8. Are you allergic to anything, or had a previous reaction to vaccination?  
.....
  9. Are you on any medication? .....
- Please ensure you have adequate supplies to last throughout your travel.

|                    |                                 |                      |
|--------------------|---------------------------------|----------------------|
| Hepatitis B        | Course (x 3)                    | £25 each dose        |
| Meningococcal ACWY |                                 | £25 per dose         |
| Yellow Fever       | Vaccine & certificate           | £42                  |
| Rabies             | Vaccine course (x 3)<br>Booster | £30 each dose<br>£30 |
| Cholera Oral       |                                 | £30                  |
| Certificates       |                                 | £10                  |

**THIS SECTION TO BE COMPLETED BY THE PRACTICE NURSE**

Advice given:

- Explain any possible side effects of the vaccinations
- Regime if more than 2 injections required, and costs if applicable
- Reinforce need for health insurance for travel
- Hygiene/sanitation/dietary advice
- Malarial chemoprophylaxis/avoidance of insect bites
- Rabies risks and avoidance strategies
- HIV/AIDS transmission and associated risks
- Sunburn/heat stroke and measures to reduce
- First aid kit/sterile medical pack
- **Discuss proposed regime of vaccinations and patient or guardian to sign in the presence of the Practice Nurse.**

**CONSENT**

To be completed by the patient in the presence of the Practice Nurse.

I have answered all the above questions truthfully, to the best of my knowledge. I have been given advice in all the above areas, including the risks associated with having the vaccination, and understand the possible side effects of the vaccination(s) which I am to be given. I agree to pay for those which are chargeable.

**VACCINATIONS TO BE GIVEN:**

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.....  
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Malaria precautions:

I acknowledge that for my own safety I have been advised by the Practice Nurse to rest in the waiting room for 10 minutes following this procedure, after which if I have no adverse reactions am free to leave.

Total cost of vaccines (if any) .....

**COMBE DOWN SURGERY**

**Combe Down House, The Avenue, Combe Down, Bath BA2 5EG**

**PATIENT TRAVEL QUESTIONNAIRE**

Are you planning foreign travel for business, or a holiday?

You may need travel vaccination, depending on the country, or countries you intend to visit. To help us advise you on the protection you need, please complete this questionnaire (at least 8 weeks before travel ideally) and hand to the reception staff. Please then make an appointment to see the Practice Nurse in the Travel Clinic.

NAME..... DATE.....

DATE OF BIRTH ..... TEL NO. ....

ADDRESS .....

.....  
.....

Dr I Batterham Dr A Smith Dr J Treadwell Dr S Robinson  
Surgery: 01225 832226 Appointments: 01225 837171 Fax: 01225 840757