

Combe Down Surgery

Pre Travel Questionnaire

Are you planning foreign travel for business or holiday purposes?

If so, you may need travel vaccinations, depending on your planned destination/s.

We have attached to this letter our Pre Travel Questionnaire, which we would ask you to complete prior to your appointment at the Surgery. Please ensure that you answer all questions, and complete a separate form for each member of your party /family.

The information you provide will help us to determine the course of vaccinations most appropriate for your intended itinerary. The nurse may need to ask you some further questions to amplify the questionnaire and ensure that you are fully protected. If you have an existing vaccination book please bring it to the appointment with you, the nurse will update the book.

No traveller will be seen without a completed travel questionnaire

Some vaccinations require a course of injections and need time to become fully effective. To allow for this it is necessary to arrange to start vaccinations well in advance of the date planned for commencement of travel. If you arrange for vaccinations at short notice we may not be able to offer you an early enough appointment to allow sufficient time for the course to be completed or for the vaccine to take full effect. This could put your health at risk when you travel.

Please return completed travel questionnaire at least 8 weeks before your departure date.

Travel clinic appointments are available on Tuesday afternoons Combe Down Surgery, Saturday morning at the Odd Down Surgery. Some vaccinations are available free on the NHS, whilst others must be paid for. Where a charge applies, payment must be made in advance of vaccination either in cash or by cheque, (made payable to Combe Down Surgery.) Unfortunately, we do not accept debit or credit cards. Please note vaccine charges apply regardless of the patient's age. You will of course be given full details of applicable charges before commencement of vaccination.

Travel Vaccine Price List

Tetanus/ Diphtheria /Polio	No charge
Hepatitis A	No charge
Typhoid	No charge
Hepatitis B Vaccine Course x3	£35 each dose
Meningococcal ACWY	£35 per dose
Yellow Fever Vaccine & certificate	£50 per dose
Rabies Vaccine course x3	£40 per dose Booster dose £40
Cholera Oral	£ 35 per dose

Private Prescriptions charge for Malaria prophylaxis £13

Useful websites to look at are

www.fitfortravel.nhs.uk

www.fco.gov.uk

www.malariahotspots.co.uk

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Combe Down Pre Travel Questionnaire



Susan Josiah

CombeDown Surgery

3/1/2011

Combe Down Surgery
The Avenue Bath BA2 5EG
PreTravel Questionnaire

Please answer all questions

Please complete a separate form for each member of your party /family

Please return the completed questionnaire at least 8 weeks before your departure date

Some vaccinations are not available on the NHS and will occur a charge. Payment is required prior to vaccination, we are unable to accept payment by debit/credit card. Cheques should be made payable to Combe Down Surgery

Personal Details

Surname	Forename	Date of Birth
Address	Post Code	
Telephone Number Home	Work	Mobile
Date of Travel	How long will you be away	

Countries to be visited including stopovers

Country	Town/Region	Urban /Rural	Duration of stay

Type of travel, please tick to best describe your trip

Package	Back packing	Self organised	Camping	Trekking
Cruise Ship	Visiting Friends & Family		Voluntary Work	Business
Pilgrimage	Healthcare Worker		Other	

Type of Accommodation

Hotel	Tent /Camping	Beach Hut	Hostels	Family/Friends home
Cruise Ship	Local Accommodation		Other	

Travelling

With Family & Friends	In a group	Other
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Planned Activities

Safari Adventure/Jungle Business Sports/Diving Climbing

High Altitude Trekking Backpacking/Over landing Other

Are you travelling to remote areas or more than 24hrs away from medical help?

Are you working with the sick, refugees or animals?

Personal Medical History

Do you have or have you had any of the following?

Allergies	no	yes	Details
Bleeding Clotting Disorders			
Diabetes			
HIV/Aids			
Kidney Problems			
Liver Problems			
Neurological Illness			
Recent Surgery			
Respiratory Problems			
Rheumatology Problems			
Spleen Problems			
Thymus Problems			
Epilepsy			
Heart Disease			
High Blood Pressure			
Any condition or receiving treatment which may affect your immune system (E.g. steroid therapy chemotherapy, radiotherapy)			

Women Only

Are you pregnant?

Are you breast feeding?

Planning on becoming pregnant?

Do you use an oral contraceptive pill?

Medication

Do you take regular medication? Including inhalers & over the counter vitamins & herbal remedies

Yes/No

If yes please list

Vaccination History

Have you ever had a serious reaction to a vaccine given to you?

Which vaccine was it?

Does having an injection make you feel faint?

Have you received the normal UK child hood vaccination schedule?

Have You had any of the following Vaccinations and if so when?

	Last 6 months	Last year	Last 3 years	Last 10years	Don't know/never
Diphtheria Tetanus Polio					
MeningococcalC					
Typhoid					
Hepatitis A					
Hepatitis B					
Meningococcal ACYW					
Rabies					
Yellow Fever J					
Japanese B Encephalitis					
M M R					
Influenza (flu)					
Cholera					
Pneumococcal					
BCG					

Please list any Malaria tablets taken

Please give any other information that you feel might be relevant

I certify that I have answered the above questions truthfully, to the best of my knowledge. The recommended vaccinations I will receive will be influenced by the answers I have provided. I have no reason to think I may be pregnant. (delete if not applicable)

SignedDate.....

Name (please print).....

Official Use

Patient name	D.O.B
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Travel risk assessment performed	yes /no
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Vaccines recommend for this trip

	Schedule number of vaccines	Batch Numbers	Patient declines Vaccine/s
Diphtheria Tetanus Polio			
Hepatitis A			
Hepatitis B			
Cholera			
Meningococcal ACWY			
Typhoid			
Rabies			
Yellow Fever			
Measles Mumps Rubella			
Japanese Encephalitis			
Influenza			
Pneumococcal			
BCG			
Other			

Malaria chemoprophylaxis prevention & advice

	No of tablets		No of tablets
Malarone (Atovaquone+ Proguanil)		Chloroquine & Proguanil	
Doxycycline		Mefloquine (Lariam)	
Chloroquine		Malaria advice leaflet given	

Further information

Weight of child

Leaflets & Travel Advice given

Accident Prevention		Air Travel		Animal Bites	
Asthma		Business Travellers		Cruises	
Culture		Deep Vein Thrombosis		Diabetic Travellers	
Disabled Travellers		Emergency Malaria Treatment		Female & Male Travellers	
First Aid		Food & Water Hygiene		Hepatitis A	
Hepatitis B		Insect Bite Prevention		Medication Abroad	
Older Travellers		Package Holidays		Pregnancy	
Rabies		Remote Areas		Sun Protection	
Traveller's Diarrhoea		Typhoid		Volunteering	

Signed _____ Position _____ Date _____