

Prince of Wales Medical Centre
52 Prince of Wales Road, London NW5 3LN
Tel: 020 7267 0067 Fax: 020 7485 8211

Travel Appointment Information

- Please complete this form and return to reception to make a travel health appointment
- Make an appointment with the nurse early. 6-8 weeks before travel is ideal.
- Children – please bring their red book or details of any injections they have received.
- Adults – bring any vaccination / travel record cards.
- Don't leave making an appointment to the last minute; an appointment may not be available. Late vaccinations could mean you are not fully protected. Also you may have to use a private travel clinic and pay for your vaccinations.
- Vaccines available free on the NHS:
Tetanus / diphtheria / polio / hepatitis A / typhoid / cholera
- Vaccines which you have to pay for:
CASH ONLY PLEASE
Meningitis ACYW £70
Hepatitis B £105 for 3 doses £35 for a single dose (travel only)
Rabies £180 for a full course £60 for a single dose
- Vaccines that are only available at a travel clinic:
Yellow fever, Japanese encephalitis & tick-borne encephalitis (TBE)
- Malaria tablets are not available on an NHS prescription. We can provide private prescriptions for appropriate malaria prophylaxis.
- Plan early so we can give you the best protection and advice for a happy and healthy trip. If you miss your travel appointment we will not be able to offer you another one for 3 months. Please remember to cancel your appointment in advance to avoid this happening.

Reception use only	Appointment date	time	Nurses name

**Prince of Wales Medical Centre
TRAVEL RISK ASSESSMENT FORM**

Personal details						
Name:			Date of birth:			
			Male [] Female []			
Easiest contact telephone number						
E mail						
Dates of trip						
Date of Departure						
Return date or overall length of trip						
Itinerary and purpose of visit						
Country to be visited	Length of stay		Away from medical help at destination, if so, how remote?			
1.						
2.						
3.						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type	Package	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Relatives / family home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family / friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>
5. Staying in area which is	Town City	<input type="checkbox"/>	Countryside	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>

Personal medical history

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder)

List any current or repeat medications

Do you have any allergies for example to eggs, antibiotics, nuts ?

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

Does having an injection make you feel 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?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?

Please write below any further information which may be relevant

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed _____

Date _____

TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL	
RISK ASSESSMENT COMPLETED	SIGNED	DATE

VACCINE	ADVISED	DECLINED	AUTHORISED BY DR
HEPATITIS A			
HEPATITIS B			
HEPATITIS A/B AMBIRIX			
HEPATITIS A/B ENGERIX			
TYPHOID			
TETANUS			
DIPHTHERIA			
POLIO			
YELLOW FEVER			
MENINGITIS ACWY			
RABIES			
JAPANESE ENCEPHALITIS			
TICKBORNE ENCEPHALITIS			
CHOLERA			
MEASLES, MUMPS RUBELLA			

NOT REQUIRED	CHLOROQUINE / PROGUANIL	DOXYCYCLINE	MALARONE	MEFLOQUINE

MALARIA PROPHYLAXIS ADVISED – CHILDS WEIGHT -

KG