

West Hampstead Medical Centre Pre-Travel Questionnaire

PLEASE NOTE : THIS FORM MUST BE FULLY COMPLETED AND HANDED IN AT YOUR TRAVEL APPOINTMENT. This information is essential to determine our recommendations.

Name.....Date of Birth.....

Before your appointment please look at the Travel section on our website following the links for 'Fit for travel' / 'Travel Health Pro' <http://www.westhampsteadmedicalcentre.com/pages/Travel-Advice> to familiarise yourself with food/water risks and precautions, the risk of insect borne infections such as malaria, dengue fever, zika virus and the vaccine recommendations for the countries you are visiting. Also, please check your **blood pressure** prior to your appointment, using the POD in the surgery. On the day of your appointment please arrive at least 5 minutes early to do this.

Country/Countries you are visiting	Region in the country you are visiting- Please be specific-needed for malaria tablet consideration)	Departure date	Length of stay

History of previous immunisations. If you are newly registered please **speak to your previous surgery before** your appointment for details of past vaccines, as it can take some time before we receive these records. If you had immunisations overseas or at a travel clinic please obtain dates/what was given **before** attending for your appointment. If you have had vaccines at our Medical Centre then we will have a record of what was given.

As a guideline, we need to know the dates of any travel related vaccines, such as Hepatitis A or B, Typhoid, Rabies, Tetanus vaccination. **Please check with family members if possible, that you had all the recommended childhood immunisations (as these were previously recorded in parent held records instead of Surgery records).** Childhood immunisations should have included 2 doses of Measles, Mumps, Rubella (MMR).....

Are you pregnant or is there any possibility that you might be? Yes No

Are you taking any medicines that suppress the immune system? eg. steroids. Yes No

Do you have any conditions that affect your immune system? eg. HIV Yes No

Do you suffer from any allergy? eg. Antibiotics, eggs Yes No
If Yes, what are you allergic to? _____

Have you had a previous allergic reaction to any vaccine? Yes No

Have you received any vaccines in the last 4 weeks? Yes No
If Yes, name of vaccines _____

Do you think your travel may involve putting yourself at an increased risk of Contracting Hepatitis B/HIV, which are transmitted from infected blood and bodily fluids, including sexual activity, injecting drug use, tattooing/piercing, dental/surgery abroad. Yes No
See link for details <http://www.hepb.org/hepb/transmission.htm>

Have you looked at the Website [Fitfortravel/Travel health Pro](#) for any advice? Yes No

Malaria Medication History: Have you previously taken malaria medication ? Yes No
If Yes, name of malaria tablets and whether you had any problems with them
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Please note we have a very high demand for travel appointments in the practice and at times this service may be reduced to enable patients attending for other reasons to take priority. The appointment lasts for 20 minutes and there is generally much to cover in this time. You need to have a clear itinerary and the requested information to enable us to provide the vaccinations at this appointment. In most cases we can do this. You will, however, be asked to rebook if your appointment overruns.

The following travel vaccines are free on the NHS to patients registered with the Practice :

Hepatitis A

Typhoid

Diphtheria, Tetanus & Polio

Price list - 2016

	Price	Office Use
Hepatitis B (Adult)	£ 40 per dose (3 doses)*	
Hepatitis B (Child)	£ 30 per dose (3 doses)*	
Menigitis ACWY	£70	
Yellow fever	£60	
Rabies	£ 55 per dose (3 doses)	
Malaria tablets	£ 15 (prescription) plus cost of medication at chemist	Total

* The usual course is 3 doses in 6 months. 4 doses needed if an accelerated schedule is needed.

Please note we do not offer vaccines for Japanese encephalitis, tick-borne encephalitis or TB (BCG).