

## Mendip Country Practice (Unregistered Patients)

Personal details			
Name	Date of birth Male [ ] Female [ ]		
Easiest contact telephone number			
Email			
Dates of trip			
Date of departure			
Return date or overall length of trip			
Details about destination(s)			
Country and location to be visited	Length of stay	Away from medical help at destination, if so, how remote?	
1.			
2.			
3.			
Do you plan to travel abroad again in the future?			
Please tick as appropriate to best describe your trip			
1. Type of trip	Business	Pleasure	Other
2. Holiday type	Package	Self-organised	Backpacking
	Camping	Cruise ship	Trekking
3. Accommodation	Hotel	Relatives/family home	Other
4. Travelling	Alone	With family/friend	In a group
5. Staying in area which is	Urban	Rural	Altitude
6. Planned activities	Safari	Adventure	Other
Personal medical history			
Do you have any allergies?			
Does having an injection make you feel faint?			
<b>Women only</b> : Are you pregnant, planning pregnancy or breastfeeding?			
Do you have any recent medical history of note? (eg Diabetes, Heart or Lung condition)			
Are you on any medication?			
Have you ever had a reaction to a vaccine before?			
Have you recently undergone radiotherapy, chemotherapy or steroid therapy?			
Have you taken out travel insurance?			
Any other information ?			
Vaccination history			
Have you ever had any of the following vaccinations/malaria tablets and if so what?			
Tetanus	Polio	Diphtheria	
Typhoid	Hepatitis A	Hepatitis B	
Meningitis	Yellow Fever	Influenza	
Rabies	Jap B Enceph	Tick Borne	
Other			
Malaria Tablets			

For discussion when risk assessment is performed within your appointment:

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: \_\_\_\_\_

**FOR OFFICIAL USE**

Patient Name: \_\_\_\_\_

Travel risk assessment performed Yes [ ] No [ ]

**Travel vaccines recommended for this trip**

Disease protection	Yes	No	Cost	Vaccine name, dose & schedule for PSD
Hepatitis A/Typhoid			£60	
Hepatitis B			£30 (£90)	
Cholera			£20 (£40)	
Tetanus/Diphtheria/Polio			£15	
Meningitis ACWY			£45	
Yellow Fever			£60	
Rabies			£60(£180)	
Jap B Encephalitis			£120(£240)	
Hep A			£40	

**Travel advice and leaflets given as per travel protocol**

Food, water and personal hygiene advice	Blood and bodily fluid infection risks e.g. Hepatitis B
Insect bite prevention	Accidents
Animal bites	Traveller's diarrhoea
Air travel	Sun and heat protection
Websites	Travel record card supplied
Insurance	SMS vaccines reminder service set up
Other	

**Malaria prevention advice and malaria chemoprophylaxis**

Malarone Paed 62.5mg/25mg 10p per tablet	Atovaquone & proguanil £1.80 per tablet
Chloroquine 60p per tablet	Mefloquine £3 per tablet
Doxycycline 12p per tablet	Malaria advice leaflet given

**Authorisation for Patient Specific Direction (PSD) Use**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_