

# MAY LANE SURGERY TRAVEL FORM

**IMPORTANT:** You must hand this form to the surgery **AT LEAST 8 weeks** before your planned travel date or you may need to attend a travel clinic.

**Please call back ONE WEEK after handing in form to be informed of your appointment. We only hold our travel clinics on a Friday. If you cannot make a Friday you will need to go to a private travel clinic. Please specify if you prefer a morning or afternoon appointment. Am/Pm (delete as appropriate)**

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Date form completed Name of traveller (1 form per traveller)

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Date of Birth Doctor

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Address

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Date of departure Date of return

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### Itinerary and purpose of visit

Country/countries to be visited	Area of country and is it remote?	Length of stay
1.		
2.		
3.		
4.		
5.		

### Description of trip (Please tick the boxes that best describe your travel)

1. Type of trip?	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Other
2. Holiday type?	<input type="checkbox"/> Package	<input type="checkbox"/> Self-organised	<input type="checkbox"/> Backpacking/trekking/camping
3. Accommodation?	<input type="checkbox"/> Hotel	<input type="checkbox"/> Relatives/family home	<input type="checkbox"/> Other
4. Travelling?	<input type="checkbox"/> Alone	<input type="checkbox"/> With family/friend	<input type="checkbox"/> In a group
5. Area staying is?	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Altitude
6. Planned activities?	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	<input type="checkbox"/> Other

### Personal medical history

Do you have any recent or past medical history of note? (Diabetes, lung/heart condition, epilepsy etc)

No/yes-details;

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Are you on any prescription or over the counter medicines? Details;

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Do you have any allergies including eggs, antibiotics, nuts, stings and vaccines?

No/yes-detail including what reaction you have;

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Do you have any history of mental illness including depression, anxiety and phobia?

No/yes-detail;

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Have you recently undergone radiotherapy, chemotherapy, steroid or immunosuppressant treatment?

No/yes-detail;

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Are you planning a pregnancy, pregnant or breast feeding? No/yes

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Have you taken out travel insurance? No/yes

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**To be signed within travel consultation.**

I have no reason to think 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 ONLY****Vaccinations normally available at the surgery free of charge**

Vaccination	Recommended	Date of previous	Needed	Covered
TETANUS				
DIPHTHERIA				
POLIO				
TYPHOID				
HEPATITIS A				

**Vaccinations normally at surgery at a cost and may need to be ordered in**

Vaccination	Recommended	Date of last	Needed	Covered	Cost
HEPATITIS B					£88.50 x3 inj
MEN ACWY					£40
CHOLERA					Variable
MMR					Variable

**Vaccinations only available from a travel clinic**

Vaccination	Recommended	Date of previous	Covered	
YELLOW FEVER*				Maybe available at The Chipping
RABIES				
JAP B ENCEPH				

\*this may be required at least 11 days before travel to enter the country you are travelling to

	Needed	
FLU		If recommended it will only be for those who are offered it routinely here
TB		If wanted it can only be done in a specialist centre

**Malaria-tick appropriate box**

	Not needed but insect repellent, cover dawn and dust, avoid bites
	Needed but available from most pharmacists-don't supply here-avoid bites as above
	Needed but only available on a private prescription(will be a charge) or at larger pharmacist (usually cheaper)-avoid bites as above

<b>Whilst filling in this form please check these websites for your travel requirements</b>	Recommended websites: <a href="http://www.fitfortravel.nhs.uk">www.fitfortravel.nhs.uk</a> <a href="http://www.nathnac.org">www.nathnac.org</a> <a href="http://www.n.h.s.uk">www.n.h.s.uk</a> (look under travel health) <a href="http://www.malariahotspots.co.uk">www.malariahotspots.co.uk</a>
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Date received

1<sup>st</sup> sign2<sup>nd</sup>