

Martlesham Heath Surgery

TRAVEL QUESTIONNAIRE

PLEASE SUBMIT YOUR TRAVEL PLANS AS SOON AS POSSIBLE – PREFERABLY 8 WEEKS BEFORE YOU TRAVEL

Surname:		Previous name:	
First name:		Male:	Female:
Date of birth		NHS No:	
Address:			
Post code	Telephone No	Mobile No	
Email address			
Date(s) of trip			
Date of departure			
Return date or overall length of trip			
Country to be visited (please include exact region within countries)		Length of stay	Away from medical help at destination, if so how remote?
Please tick as appropriate below to best describe your trip			
1.Type of trip	Business	Pleasure	Other
2.Holiday type	Package	Self-organised	Backpacking
	Camping	Cruise ship	Trekking
3.Acomodation	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
Activities which may cause higher risk of accident /injury		Risk of	Is it a direct flight – if stopover where?
Personal medical history			
Do you have any recent or past medical history of note?			
Do you have any past history of deep vein thrombosis or a blood clot on the lung?			
List any current or repeat medications			
Have you ever had your spleen removed?			
Do you have any allergies for example eggs, antibiotics, nuts or previous vaccines?			
Do you or any close family members have epilepsy?			
Does having an injection make you feel faint?			
Do you have any history or mental illness including depression or anxiety?			
Have you recently undergone radiotherapy, chemotherapy or steroid treatment Or are you on any medication which lowers your immune system?			
Women only: Are you pregnant or planning a pregnancy or breast feeding?			
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			

NOTES

- VAT is not charged unless drug supplied only for administering elsewhere
- Some treatments must be made over a period of time and may need to start up to 3 months prior to your travel dates
- For some immunisations, more than one visit to the surgery will be necessary, however, payment is due each time
- Please note that payment is by cash or cheque only, cheques payable to: Martlesham Heath Surgery

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 the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____

Date: _____

FOR OFFICIAL USE

Travel risk assessment performed	Yes	No	
Travel vaccines recommended for this trip			
Disease protection	Yes	No	Further information
Cholera			
Hepatitis A			
Hepatitis B			
Influenza			
Japanese B Encephalitis			
Meningitis			
Polio / Diptheria / Tetanus			
Rabies			
Tick Borne			
Typhoid			
Yellow Fever			
Other risks to discuss			
Travel advice and leaflets given as per travel protocol			
Food water and personal hygiene advice		Traveller's diarrhoea	Hepatitis B and HIV
Insect bite prevention		Animal bites	Accidents
Insurance		Air travel	Sun and heat protection
Websites		Travel Record card supplied	
Malaria prevention advice and malaria chemoprophylaxis.			
Chloroquine and proguanil		Atovaquone + proguanil(Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	
Bite prevention measures only			
e.g. weight of child			
Travel Vaccine		Dosage	Price
ACWY		One Dose	£60
Hepatitis B Adult		Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/>	£35 per injection
Hepatitis B Child		Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/>	£35 per injection
Hepatitis B Booster		One Dose	£50
Yellow Fever			£80
Yellow Fever Replacement Certificate			£15
Rabies (course of 3)		Dose 1 <input type="checkbox"/> Dose 2 <input type="checkbox"/> Dose 3 <input type="checkbox"/>	£ 75 per injection
Cholera			£75
Malaria (private prescription issued)			
Other treatments may be offered dependant on destination and may incur a charge.			£ TBA
Total			£

<p>Payment One Cash <input type="checkbox"/> Cheque <input type="checkbox"/></p> <p>Date: _____ Taken by: _____</p>
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<p>Payment Two Cash <input type="checkbox"/> Cheque <input type="checkbox"/></p> <p>Date: _____ Taken by: _____</p>
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<p>Payment Three Cash <input type="checkbox"/> Cheque <input type="checkbox"/></p> <p>Date: _____ Taken by: _____</p>
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