

**Brankensomewood Healthcare Centre
TRAVEL VACCINATION QUESTIONNAIRE**

PATIENT TO COMPLETE THIS SIDE

NAME..... **DOB**..... **GP**.....

DAYTIME CONTACT TEL NO.....

PLEASE LIST ALL COUNTRIES TO BE VISITED - IN ORDER- INCLUDING STOP-OVERS

DATE	COUNTRY	LENGTH OF STAY
1.		
2.		
3.		
4.		

What type of accommodation are you staying in? Hotel / Self -Catering / Backpacking/Cruise
Reason for travel? Holiday / Work / Gap Year / Visiting Friends and Family

ARE YOU OR DO YOU HAVE ANY OF THE FOLLOWING? :-

	NO	YES
ANY ALLERGIES		
ANY ADVERSE REACTION TO IMMUNISATIONS		
PREGNANT		
PLANNING PREGNANCY IN THE NEXT 6 MONTHS		
SUFFERING FROM A CHRONIC ILLNESS		
TAKING STEROIDS		
HISTORY OF EPILEPSY		
HISTORY OF PSYCHIATRIC ILLNESS including anxiety/depression		
SUFFERING FROM CANCER		
RECEIVING RADIOTHERAPY OR CHEMOTHERAPY		
SUFFERING FROM AUTO IMMUNE DISEASE		
AT RISK OF BEING HIV POSITIVE		

Have you ever had any of the following vaccinations and if so when? Please bring any records of vaccines you've had with you to the appointment.

	Date		Date		Date
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Tick Borne Encephalitis		Rabies	
Yellow Fever		Jap B Encephalitis		Other	

I have answered these questions correctly to the best of my knowledge

PATIENT OR PARENT/GUARDIAN SIGNATURE.....

DATE.....

**There is a charge for some vaccines with no exemptions available
 We are unable to accept credit or debit cards for payment.
 Payment will be expected on the day of appointment**

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NURSE TO COMPLETE THIS SIDE

VACCINE	COST	REQUIRED
TETANUS, DIPHTHERIA & POLIO	FREE	
TYPHOID	FREE	
HEPATITIS A	FREE	
YELLOW FEVER	£55	
MENINGITIS ACW & Y	£50	
CHOLERA	£50 (2doses orally)	
HEPATITIS B	£35 per injection (initially course of 3 required)	
RABIES	£45 per injection (3 Injections per course)	
JAPANESE ENCEPHALITIS	£80 per injection (2 injections per course)	
TICK-BORNE ENCEPHALITIS	£65 per injection (3 injections per course)	

DATE	GP	I give authorisation for practice nursing staff to administer a vaccine or course of any of the above vaccines which are not covered by Hampshire PCT patient group directions	Signature
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MALARIAL PROPHYLAXIS

Weight of Child under 16yrs

	COST	Recommended
CHLOROQUINE	Buy from chemist	
PROGUANIL	Buy from chemist	
MALARONE	£15.00 for private script + cost of tablets	
DOXYCYCLINE	£15.00 for private script + cost of tablets	
MEFLOQUINE	£15.00 for private script + cost of tablets	
Insect bite Avoidance		

Travel Appointment needed? Yes/ No

Length of Appointment 10mins/ 20mins/ Not required and appt cancelled

Comments-----

ADVICE GIVEN			
Food & Water Hygiene	Yes / No	Altitude Sickness	Yes / No
Animal bites	Yes / No	Sun and Heat	Yes / No
Hepatitis B & HIV	Yes / No	Insurance	Yes / No