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GP Practice Travel Risk Assessment and Patient Specific Direction for administration of travel vaccines.

Please complete this form in advance and return to the Practice 8 weeks before your travel. Alternatively, please email to blackwater.medicalcentre@nhs.net

Patient Name:	Date of Birth:
Contact No: (mobile preferably)	Address:

Trip Information			
Departure Date:		Duration:	
Itinerary			
Country including specific area or region	Duration	Availability of medical help (If travelling to a place where medical help is not readily on hand, estimate time it would take to reach a Doctor.)	
Trip Description – tick all boxes that are applicable			
Purpose of trip:	Business <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Other <input type="checkbox"/>
Type of trip:	Package holiday <input type="checkbox"/>	Self-organised <input type="checkbox"/>	Backpacking <input type="checkbox"/>
	Camping <input type="checkbox"/>	Cruise ship <input type="checkbox"/>	Trekking <input type="checkbox"/>
Accommodation:	Hotel <input type="checkbox"/>	Friends/family <input type="checkbox"/>	Other <input type="checkbox"/>
Travelling:	Alone <input type="checkbox"/>	With friends/family <input type="checkbox"/>	In a group <input type="checkbox"/>
Location:	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>	Altitude <input type="checkbox"/> (over 3,000m or 10,000ft)
Activity type:	Leisure <input type="checkbox"/>	Safari <input type="checkbox"/>	Adventure <input type="checkbox"/>

Medical History			
Chronic Medical Condition(s)			
Allergies (including eggs, nuts, antibiotics etc)	(Do not leave blank if none state NKDA)		
Have you had a serious reaction to a vaccine in the past? Please tick	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which vaccine and reaction?	
Current Medications			

For discussion when risk assessment is performed within your appointment:
 I have no reason to think that I might be pregnant. I agree to pay for any vaccinations required for travel which are not available on the NHS. I have had the opportunity to ask questions. I consent to the vaccines being given.

Patient/Parent signature:	Date:
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To be completed by Travel Nurse.

Completed by:

Travel vaccinations recommended for this trip

Vaccinations suitable for prescribing on the NHS			
Disease protection	Required?		Further information/Last received vaccine
	Yes	No	
Hepatitis A single vaccine (Avaxim®, Havrix®)			
Typhoid (Typherix®, Typhim Vi®)			
Cholera (Dukoral®)			
Tetanus	Boostrix®		
Diphtheria			
Polio			

Vaccinations not suitable for prescribing on the NHS			
PRIVATE CHARGE FOR THESE VACCINATIONS			
Disease protection	Required?		
	Yes	No	
Hepatitis B vaccine (Engerix B®, HBVAXPRO®)			To be given at a private clinic
Japanese B Encephalitis (Ixiaro®)			To be given at a private clinic
Rabies (Ranipur®)			Can be prescribed at the surgery
Yellow Fever (Stamaril®)			To be given at a private clinic

Malaria Vaccinations

	Required?		
	Yes	No	
Chloroquine Chloroquine and proguanil			Can be purchased OTC
Atovaquone + proguanil (Malarone) Mefloquine Doxycycline			Private prescription
Malaria advice given Yes <input type="checkbox"/>			