

Foreign Travel Vaccinations and Advice

Due to our increasing NHS workload, we are no longer able to provide a comprehensive Travel Service to our patients. General advice and most vaccinations will continue to be provided as part of NHS services.

Patients who require more complex advice and other vaccinations e.g. Yellow Fever, will be referred to a private Travel Health Clinic, as these need to be given by a Specialist Travel Health Advisor.

What You Need To Do

1) Complete a Travel Health questionnaire from reception

2) Obtain a printed copy of travel health requirements for each country to be visited from one of the following dedicated websites:

- <http://www.masta-travel-health.com/>

- <http://www.fitfortravel.nhs.uk/>

- www.nathnac.org/travel

3) Hand in your completed questionnaire form and travel advice pack from your chosen website to reception and make an appointment for the practice nurse one week later where you travel health needs will be discussed. General travel advice and some vaccinations (typhoid, Polio, Diphtheria, Tetanus and Hepatitis A) are available as part of NHS services at The Jubilee Practice at no charge. Some travel vaccines are ordered on a private prescription and these incur a charge over and above the normal prescription charge, this is because not all travel vaccinations are included in the services provided by the NHS. Any vaccinations which incur a charge will be discussed with you when you see the Practice Nurse. The Jubilee Practice is also able to provide private prescriptions for anti-malarial prophylaxis at a charge.

Please note it is advisable to make an appointment at least 6-8 weeks before travelling as you may be directed on to a private travel clinic.

Last minute travel within 2 weeks will be redirected to a private travel clinic.

Private Travel Clinics Available

TRAVELDOC

2, Regent St
Nottingham
NG1 5BQ
Tel 0115 9475498

NHS WALK IN CENTRE

London Road
Nottingham
Tel 0115 883 8500

There are other private clinics available in the Nottingham area you may wish to contact.

TRAVEL QUESTIONNAIRE

Personal Details

Name.....

Sex: Male / Female

Date of Birth

Address

Telephone Number:.....

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Trip Dates

Departure date

Return date

Itinerary

Country

Duration

Availability of Medical Help

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Trip Description

(Please circle appropriate answer)

Purpose of Trip:

Business

Pleasure

Other

Type of Trip:

Package

Self-Organised

Backpacking

Camping

Cruise Ship

Trekking

Accommodation:

Hotel

Friend/Family

Other

Travelling:

Alone

With friend/Family

In a Group

Location Type:

Urban

Rural

Altitude

Activity Type:

Safari

Adventure

Othe

Personal Medical History

List all chronic medical conditions you have (e.g. diabetes, heart or lung conditions)

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List all allergies that you have (e.g. nuts, eggs, antibiotics)

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If you have ever had a serious reaction to a vaccine in the past, which vaccine was it?

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List all your current medication (including oral contraception)

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Does having an injection cause you to feel faint? Yes/No

Do you or your family have epilepsy? Yes/No

Do you have a history of mental illness including depression or anxiety? Yes/No

Received chemotherapy, radiotherapy, had steroids in the last 6 months? Yes/No

Have you taken out travel insurance for this trip? Yes/No

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

Write below any further information that might be relevant

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FOR PRACTICE USE ONLY

Vaccines	Vaccination recommended (please tick those recommended)
Typhoid	
Hepatitis A	
Diphtheria, tetanus, polio	
Hepatitis B	
Men A,C,W,Y	
Rabies	
Other	

Signed by Nurse.....

Signed by Doctor.....

Date.....