**Travel Health**

For office use only date received:

Many health problems associated with travel abroad cannot be prevented by vaccinations alone & therefore it is essential that you take measures to protect your health whilst travelling

Before seeing our practice nurses, we strongly recommend that you have obtained information on the potential health risks associated with your destination, and the specific risks that your type of travel and length of stay might incur.

If you are traveling to a European Country or Switzerland, we recommend you

obtain a **Global Health Insurance Card (GHIC-replacement for E111).** This enti­tles you to reduced cost or free medical treatment that becomes necessary whilst you are in a European country or Switzerland.

You can apply for this online:

[www.nhs.uk/ghic](http://www.nhs.uk/ghic)

Or you can collect the form with pre-paid envelope from the post office. You will need your National Insurance or NHS number.

**You are strongly recommended to arrange travel insurance on top of this.**

 **WOOSEHILL MEDICAL CENTRE**

**ALL Vaccinations must be paid for on the day of the appointment and before seeing the Nurse.Woosehill Medical Centre**



**Please return to the surgery as soon as possible**

 **6 weeks before your date of travelling.**

# When the travel nurse has looked at your request and given recommendations for your trip, you will receive a text advising you of vaccines required and the length of appointment needed. Please phone reception to book.

Please be advised this is not an NHS service and at busy times of the year you may be directed to a travel clinic.

# Please fill in a form for each member of your family.

Todays Date: / /

Date of Departure: / /

[ ]  Cholera Free

[ ]  Tetanus, Diphtheria and IPV (polio) Free

Name: …………………………………………………………… D.O.B: …………………………………

Address: ………………………………………………………………………………………………...........

…………………………………………………………………... Postcode: ………………………….

Tel: ……………………………………………………………. Mobile: ……...…………………….

Are you pregnant? [ ] Yes [ ] No Are you breastfeeding? [ ]  Yes [ ] No

 Do you smoke? [ ]  Yes [ ]  No

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* Please list destination (s) of travel, (in date order if more than one)
* For each destination, write how long you will be in each country:

Date: ……………………………………. Country: ……………………………………….…………………………

Cities visited: ……………………………………………………………………………………………………………….

Date: ……………………………………. Country: ……………………………………….…………………………

Cities visited: ……………………………………………………………………………………………………………….

Date: ……………………………………. Country: ……………………………………….…………………………

Cities visited: ……………………………………………………………………………………………………………….

Duration of trip: ………………………………………………………………………………………………………….

Date of departure: …………………………………………………………………………………......................

Type of trip: Business [ ]  Hotel/resort based [ ]  Backpacking [ ]

Visiting friends and family [ ]  Leisure Other [ ]

Information on vaccinations & malaria prevention recommendations for all countries

can be found at [NaTHNaC - Home (travelhealthpro.org.uk)](https://travelhealthpro.org.uk/) and we recommend you look at this before your appointment if you have access to the internet.

# When your form has been assessed you will receive a text advising you of vaccines required and the length of appointment needed. Please phone reception to book.

# Remember to bring this leaflet to your appointment.

[ ]  Hepatitis A course of 2 injections Free

* (Second injection within 12 months)

[ ]  Hepatitis A Booster Only Free

[ ]  Typhoid Free

**Yellow Fever - from a designated Yellow Fever Centre**

[ ]  Hepatitis B single injection £40 per dose

[ ]  Hepatitis B Course of 3 injections £120.00

[ ]  Hepatitis B Rapid Course of 4 injections £160.00

 **Children**

[ ]  Hepatitis B Course of 3 injections £82.50

[ ]  Hepatitis B Rapid Course of 4 injections £110.00

**Rabies course of 3 injections – Available at Travel Clinics**

**Japanese Encephalitis course of 2 injections – At Travel Clinics**

**Tickborne Encephalitis Course of 3 injections – At Travel Clinics**

(Search online for **MASTA** for list of travel clinics).

Anti-Malaria:

* + Advice only
	+ Proguanil, Chloroquine, Malarone, Doxycycline or Mefloquine
* *Available without prescription from selected pharmacies who specialise in malaria advice.*

***For Children Under 5 years - they will need to be prescribed at the surgery, so a private prescription fee and the cost of medication will be incurred.***

**ALL Vaccinations must be paid for on the day of the appointment and before seeing the Nurse.**

**THANK YOU FOR YOUR CO-OPERATION**