## Logo-page-001.jpg

**Travel Clinic**

The Practice offers a travel advice and vaccination service for our patients. In order for us to be able to ensure we can give vaccinations in good time before you travel, **we need a minimum of 8 weeks notice** before you leave the country but the earlier the better. If you are travelling within 8 weeks we would recommend you contact Alert Health 01463 710441 who can provide an urgent service. In this instance we would be happy to give you a summary of the vaccinations we have on record.

There is now a lot of good information for travellers on line. We recommend that you look at [**www.fitfortravel.nhs.net**](http://www.fitfortravel.nhs.net) which will give you information about recommended vaccinations for your destination as well as up to date advice regarding malaria risk, altitude sickness, food and water safety and bite avoidance and prevention.

We would ask that once you have checked the fit for travel website, you fill in our Pre-Travel Health questionnaire. This needs as much detail as you can give, as advice for certain vaccines depends on regions within countries as well as activities you are planning on undertaking whilst abroad. Also if you have had any vaccinations outside of the surgery, (i.e privately or when in a foreign country) please provide evidence of these if available.

Once completed the receptionist will make an appointment for a telephone consultation to confirm what is required by way of vaccinations and/or anti-malaria medication. We can then organise prescriptions and appointments with the nurse for these.

Other useful websites

[**www.fco.gov.uk/travel**](http://www.fco.gov.uk/travel) - government website for up to date information re country safety, country specific rules and regulations and details of British embassies and Consulates

[**www.malariahotspots.co.uk**](http://www.malariahotspots.co.uk)

**AVIEMORE MEDICAL PRACTICE TRAVEL CLNIC**

**CHARGES**

Travel advice and booster of childhood vaccination for Diphtheria, Polio and Tetanus (DTP Booster)

**FREE**

Hepatitis A and Typhoid (given separately or combined in 1 injection) are prescribed on an NHS prescription.

Hepatitis B – if required for work or the traveller is in an “at risk” group, there is no charge. If it is recommended, it will be prescribed on a private prescription.

Yellow Fever vaccination + certificate **£65**

Replacement International Yellow Fever Certificate **£20**

Fitness to travel/freedom from infection certificates etc. **£25**

Holiday cancellation certificate **£20**

Completion of insurance claim form for holiday cancellation **£25-£35**   
(depends on complexity of form)

Medication required for travel eg Diamox for altitude climbing or walking, Ciprofloxacin in case of diarrhoea etc is provided on a private prescription. The practice nurse can give you some indication of what the prescription for ant-malarial will cost, but prices may vary significantly depending on which chemist you go to.

For patients not registered with Aviemore Medical Practice there is an initial consultation fee of **£25** in addition to the above costs.

**PRE-TRAVEL HEALTH QUESTIONNAIRE**

|  |
| --- |
| * Please complete this form and return to reception**. Please circle or underline answers as required.** * Please hand the completed form in at least **8 weeks before your departure** * A form should be completed for each person travelling. |

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex M / : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode of transport: **Air | Sea | Overland** Date of departure from home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled in by reception**:

Date handed to reception: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of appt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the counties to be visited with details of your destinations as below including any stopovers. (Stopovers should include short stays in airport terminals) Please fill in as much detail as you can, as this helps decide if you need anti-malaria tablets etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Country**  Name of specific destination if known | **Date of arrival in each country** | **City**  If known | **Rural Areas**  North/South/East/West/All over | **The Coast**  North/South/East/West | **Mountains over 3000 ft**  (dates if known) | **Length of stay in each country** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Will you at any time be staying more than 24 hours from medical help? **YES | NO**
2. Where do you intend to stay while abroad?

International hotel / Budget hotel / Guest House / Camping / with friends of relatives in family home / other(please give details)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is the purpose of your travel? **Holiday | Business | Other**

**Holiday**:

Package / self organised / back packing / camping / cruise / trekking / safari /   
visiting relatives or friends / other (please give details) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business**:   
Type of work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does it involve close contact with people / animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other**:   
Please give details (eg Haj, student elective) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Are you travelling**: In a group | with family or friends | alone**
2. Are you planning doing any sporting activities? **YES | NO**

If yes, please give details **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Have you had any of the following? Give details of any other problems not listed.

Heart problems / High blood pressure / Diabetes /Asthma / Breathing problems/ Allergies (eggs, nuts, antibiotics etc) / disorders of the thymus gland / Splenectomy / Severe back problems / Epilepsy / Bleeding disorder / Disorders of blood clotting / Mental illness including depression and anxiety

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Is there any history of fits / epilepsy? **YES | NO**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a serious reaction to a vaccine before? **YES | NO**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does having an injection make you feel faint **YES | NO**

1. In the past 3 months have you had any of the following ?

Illness / surgery / dental treatment / radiotherapy / chemotherapy /steroid treatment

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Woman only**

Are you pregnant? **YES | NO**

Are you planning to get pregnant? **YES | NO**

Are you breastfeeding? **YES | NO**

1. Do you take any medication? (including oral contraceptives or HRT) **YES | NO**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you taken out travel insurance? **YES | NO**

If you have a medical condition have you told the Insurance Agency about it? **YES | NO**

1. Please tick below the vaccinations that you have had in the past and the dates.

If you cannot remember the exact date, just put in the nearest month and year. Please add any other vaccination details to the list and note those you are unsure about.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccination** | **√** | **Date** | **Vaccination** | **√** | **Date** | **Vaccination** | **√** | **Date** |
| Polio |  |  | Pneumococcus |  |  |  |  |  |
| Diphtheria |  |  | Typhoid |  |  |  |  |  |
| Tetanus |  |  | Hepatitis A |  |  |  |  |  |
| BCG |  |  | Hepatitis B |  |  |  |  |  |
| Men C / ACWY |  |  | Japanese B  Encephalitis |  |  |  |  |  |

1. Have you had any of the following tablets for malaria?

Chloroquine / Proguanil / Doxycycline / Malarone / Larium

**Any reaction?** **YES | NO**

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU HAVE A RECORD OF YOUR PREVIOUS VACCINATIONS, PLEASE BRING IT IN WITH THIS COMPLETED FORM, AS WE MAY NOT HAVE YOUR MEDICAL RECORDS UP TO DATE.**