

Grantown on Spey Medical Practice
TRAVEL RISK ASSESSMENT FORM

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For non-NHS vaccines, the fee for each injection given is £20, plus £20 for a private prescription. ***Fees are payable at the time of the initial consultation*** and can be paid in ***cash*** or by ***cheque*** - payable to ***Grantown-on-Spey Medical Practice***.

Please complete this form prior to your travel appointment and return to reception:

Personal Details			
Name:			
Date of birth:		male [] female []	
Easiest contact 'phone number:			
E-mail:			
Dates of trip			
Date of departure:		Return date or overall length of trip:	
Itinerary and purpose of visit			
Country to be visited	Length of stay	Will you be staying >24 hours away from medical help at destination? If so, how remote?	
Please circle the descriptions that best describe your trip			
1 Type of trip	Business	Pleasure	Other
2 Holiday type	Package	Self-organised	Backpacking
	Camping	Cruise ship	Trekking
3 Accommodation	Hotel	Relatives/family home	Other
4 Travelling	Alone	With family/friend	In a group
5 Staying in area which is:	Urban	Rural	Altitude
6 Planned activities	Safari	Adventure	Other
Personal medical history			
Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, thymus disorder.			
List any current or repeat medications:			
Do you have any allergies (for example) to eggs, antibiotics, nuts?			

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Have you ever had a serious reaction to a vaccine given to you before?
Does having an injection make you feel faint?
Do you or any close family members have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant or breast feeding? OR are you planning pregnancy?
Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?
Please give any further information which may be relevant, including any future travel plans.
Vaccination History: Have you ever had any of the following vaccinations/malaria tablets, and if so, when?
Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Diphtheria <input type="checkbox"/>
Typhoid <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/>
Meningitis <input type="checkbox"/> Yellow fever <input type="checkbox"/> Influenza <input type="checkbox"/>
Rabies <input type="checkbox"/> Jap B Enceph <input type="checkbox"/> Tick borne <input type="checkbox"/>
Other
Have you ever taken Malaria tablets before?
<i>PLEASE NOTE - any blood tests required in relation to Travel vaccinations will be charged at £25 each.</i>
Declaration For discussion when risk assessment is performed within your appointment: I have no reason to think that I may be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.
Signed: _____ Date: _____

PATIENT'S NAME:.....

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Travel risk assessment performed: Yes No

Travel Vaccinations recommended for this trip:

VACCINE	IMMUNISED BEFORE?	YEAR	ADVISED THIS TRIP	DATES FOR IMMUNISATIONS TO BE GIVEN			FEE TO BE CHARGED (inc Prescription)
Cholera	Y/N						£60
Diph + Tetanus + Polio	Y/N						Nil
Hep A + typhoid	Y/N						Nil
Hep A	Y/N						Nil
Hep B	Y/N						£80
Jap B Enceph	Y/N						£60
Meningococcal	Y/N						£40
Rabies	Y/N						£80
Typhoid	Y/N						Nil
Yellow Fever	Y/N						N/A
Tick Borne Encephalitis	Y/N						£80
Malaria Tabs							
				TOTAL FEES DUE			

Travel Advice leaflets given:

Food water and personal hygiene advice travellers' diarrhoea Hepatitis B, C and HIV

Insect bite prevention Animal bites Accidents Insurance

Sun and heat protection Hajj travel Travel record card supplied

Websites Other

Malaria Prevention Advice and malaria chemoprophylaxis:

Chloroquine and proguanil Atovaquone + proguanil (Malarone)

Chloroquine Mefloquine Doxycycline Malaria advice leaflet given

Further Information

e.g. weight of child

Signed by:

Position:

Date: