



Travel Vaccinations

Linden Medical group is not a specialist travel centre, however, some of our Practice Nurses have completed the relevant training to deliver NHS travel vaccinations and general travel advice.

Please complete this form 8 – 10 weeks prior to travel and return it to the Linden Avenue site. Please complete a separate form for each traveller (including children). One of our Practice Nurses will contact you to advise on the appropriate course of treatment if required.

If you are aware, you require a non-NHS travel vaccination e.g. yellow fever vaccine, please contact a travel centre as private travel vaccinations are not available at Linden Medical Group.

A summary of vaccinations held on your records can be obtained from reception.

The following websites would be useful to look at prior to travel:

www.travelhealthpro.org.uk

[Travel vaccinations - NHS \(www.nhs.uk\)](http://www.nhs.uk)

www.fitfortravel.nhs.uk

Travel Risk Assessment Form: To be completed 8 – 10 weeks prior to travel

Name:		Date of Birth:		
Country of origin:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email:		Phone Number:		

Please supply information about your trip in the sections below.

Date of departure:		Total length of trip:	
Destination County	Exact Location or Region	City or Rural	Length of stay
Have you taken out travel insurance for this trip?			Yes/No
Do you plan to travel abroad again in the future?			Yes/No

Type of travel and purpose of trip – Please tick all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Safari | <input type="checkbox"/> Medical tourism |
| <input type="checkbox"/> Camping/hostels | <input type="checkbox"/> Adventure | <input type="checkbox"/> Visiting friends/family |
| <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Volunteer work | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Staying in hotel | <input type="checkbox"/> Diving | <input type="checkbox"/> Business trip |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Healthcare worker | <input type="checkbox"/> Cruise ship trip |

Additional Information:

Please supply details of your personal medical history.			
	Yes	No	Details
Are you currently fit and well?			
Any allergies including food, latex, medication?			
Severe reaction to a previous vaccine?			
Tendency to faint with injections?			
Any surgical operations in the past, e.g. your spleen or thymus gland removed?			
Recent chemotherapy/radiotherapy/organ transplant?			
Any anaemia?			
Any bleeding/clotting disorders (including history of DVT)?			
Any heart disease (e.g. angina, high blood pressure)?			
Any diabetes?			
Any disabilities?			
Any epilepsy or seizures?			
Any gastrointestinal (stomach) complaints?			
Any Liver and/or kidney problems?			
Any HIV/AIDS?			
Any immune system conditions?			
Any mental health issues (including anxiety, depression)?			
Any neurological (nervous system) illness?			
Any respiratory (lung) disease?			
Any rheumatology (joint) conditions?			
Any spleen problems?			

Any other problems:					
Women Only.					
	Yes	No	Details		
Are you pregnant?					
Are you breast feeding?					
Are you planning pregnancy whilst away?					
Have you undergone FGM/been cut?					
Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?					
Please supply information on any vaccines or malaria tablets taken in the past.					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick Borne encephalitis	
Yellow fever		BCG		Other	
Covid-19 (dates, brand etc.):					
Malaria Tablets:					
Any additional Information					

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Patient Forename:		Patient Surname:	
Patient Signature:		Date:	

For Practice Use Only:

Reception Staff	
Date paperwork received:	
Name of staff member:	
Nursing Team informed:	Yes / No
Staff signature:	
Nursing Team	
Information added to SystmOne	Yes / No
Does the patient need an appointment?	Yes / No
If yes, please provide details of what the patient requires and the length of appointment. Please only book appointment with Hannah or Anna.	

Patient informed	Yes / No
Appointment made <i>(if appropriate)</i>	Yes / No
Passed to scanning	Yes / No
Name of staff member:	
Staff signature:	