Date Form received by practice :



If you are planning to travel abroad you will need to submit your 'Travel Vaccinations Form' in advance to allow our nursing team to process your form and arrange an appointment *if required*.

We would advise you submit your travel form as soon as possible but the latest we can accept travel forms is <u>6 weeks prior to travel</u>. This is to allow the suitable nurses to assess your travel needs, order the vaccinations and then find appointments in our travel clinics. Only certain specially trained practice nurses are able to give travel advice and vaccinations.

We only offer the free NHS travel vaccinations, we are not a yellow fever specialist centre nor do we offer other non NHS travel vaccinations.

The free NHS vaccinations we are able to offer are: Typhoid, Hepatitis A, Cholera and Polio (which is given as a combined Diphtheria / Tetanus / Polio jab).

<u>Unfortunately, our clinics are usually full several weeks in advance so we cannot arrange</u> <u>urgent appointments for travel vaccinations. If you need to travel urgently, we advise that</u> <u>you contact an alternative travel clinic (see overleaf for some local providers).</u>

For information and advice regarding travel vaccinations please visit:

NHS Travel Vaccination: <u>https://www.nhs.uk/vaccinations/travel-va</u>

or speak with the Practice Nurses that are trained in Travel Health

Local Travel Clinics

Sheffield Travel Health Clinic – <u>https://www.sth.nhs.uk/travel-clinic</u>

Department of Infection and Tropical Medicine on E Floor at the Royal Hallamshire Hospital To make an appointment, please call 0114 2712608 Monday-Friday 9am-11am

Clinic on Wednesdays 2pm-6pm, adults only. This is a not for profit organisation, proceeds go towards professional teaching training and

development.

Consultation charge £20 (£30 for couples seen together)

Boots Travel Vaccinations and Health Advice Service

https://www.boots.com/health-pharmacy-advice/vaccinations/travel-vaccination-healthadvice-service

Closest location: Boots Chesterfield, 35-37 Low Pavement, Chesterfield Book online, in store or by telephoning your local Boots Pharmacy. See website for more information including prices.

CityDoc Travel Clinics- https://www.citydoc.org.uk

Various clinics around UK Closest location: Chesterfield clinic, 26 High Street, Staveley, S43 3UX Book online or call 0333 006 9976

Superdrug Health Clinics – <u>https://healthclinics.superdrug.com/travel-vaccinations</u>

Closest location: Superdrug Health Clinic, 12-13 Crystal Peaks, Sheffield, S20 7PQ Book Online, multiple clinic locations in Sheffield See website for more information on local clinics and prices.

There are likely to be other providers, this list is not exhaustive nor are any recommended by our practice. Please do your own research when you choose a provider.

| Personal Details | | | | | | | | | |
|--|------------------|----------|---------------------|--|---------------------|--|--|--|--|
| Name: | | | Date of Birth: | | | | | | |
| Address: | | | | | | | | | |
| Easiest contact telep | Email: | | | | | | | | |
| | | | Dates of Trip | | | | | | |
| Date of Departure: | | | | · Ove | rall length of Trip | | | | |
| Date of Departure: Return Date or Overall length of Trip: | | | | | | | | | |
| Details about Destination(s) | | | | | | | | | |
| Country and location | Length of Stay: | | | | | | | | |
| | | | | destination? If so, how close is help? | | | | | |
| 1. | | | | | | | | | |
| | | | | | | | | | |
| 2. | | | | | | | | | |
| | | | | | | | | | |
| 3. | | | | | | | | | |
| 5. | | | | | | | | | |
| | | | | | | | | | |
| Do you plan to travel abroad again in the future? | | | | | | | | | |
| | Please tick as a | ppropri | ate below to best o | descr | ibe your trip | | | | |
| Type of Trip | Business | Pleasure | | | Other | | | | |
| Holiday Type | Package | Sel | f-Organised | | Backpacking | | | | |
| | Camping | Cru | iise Ship | | Trekking | | | | |
| Accommodation | Hotel | | Relatives/ Family | | Other | | | | |
| – II: | | | Home | | | | | | |
| Travelling | Alone | | With Family/ Friend | | In a Group | | | | |
| Staying in Area which is | Urban | Rur | Rural | | Altitude | | | | |
| Planned Activities | Safari | Adv | Adventure | | Other | | | | |
| Personal Medical History | | | | | | | | | |
| Do you have any recent or past medical history to note? (including diabetes, heart or lung conditions). Please list: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| List any current medications: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Do you have any allergies? For example to eggs, antibiotics, nuts or latex | | | | | | | | | |
| by you have any allergies: For example to eggs, antibiotics, huts of latex | | | | | | | | | |
| | | | | | | | | | |
| Have you ever had a serious reaction or anaphylaxis to a vaccine given to you before? If so, what was it and | | | | | | | | | |
| approximately when? | | | | | | | | | |
| | | | | | | | | | |
| Have you recently undergone radiotherapy, chemotherapy or steroid treatment? | | | | | | | | | |

WOMEN ONLY: Are you Pregnant, planning a pregnancy or breastfeeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about your travel plans and any new health concerns?

Are you intending to have any medical treatment or surgical or religious procedures whilst travelling or are you aware of any other family members or friends planning to travel for this reason? If so could you share what this is?

Please write below any further information which you think may be relevant:

Vaccination History

Have you ever had any of the following vaccinations/ malaria tablets and if so when?

| Tetanus | Polio | Diptheria | |
|------------------|--------------|-------------|--|
| Typhoid | Hepatitis A | Hepatitis B | |
| Meningitis | Yellow Fever | Influenza | |
| Rabies | Jap B Enceph | Tick Borne | |
| Other: | | | |
| Malaria Tablets: | | | |

For discussion when risk assessment is performed within my appointment.

- I have no reason to think I might be pregnant and will ensure that I update the nurse if this changes before they give me any vaccinations.
- I consent to receiving vaccines that I may require before my trip abroad and will discuss any concerns I have with the practice nurse carrying out my travel assessment prior to these being administered.

Signed: ______

Date: _____