



Regent Gardens MEDICAL CENTRE

Surgery use only: Travel appointment date:
 Forms scanned with nurse: **F. Menzies / F. Kidd
 K. McNaught**
 Pt informed RX / form ready to collect

TRAVEL RISK ASSESSMENT FORM

OUR TRAVEL CLINIC IS HELD AT DESIGNATED TIMES
PATIENTS UNABLE TO ATTEND OUR DESIGNATED CLINIC MUST ARRANGE TO BE SEEN AT A PRIVATE CLINIC WHERE THEY MAY BE CHARGED FOR VACCINATIONS NORMALLY AVAILABLE ON NHS PRESCRIPTION FROM THEIR GP SURGERY.

The surgery no longer provides non-NHS vaccinations. Non-NHS vaccinations must now be obtained from a private travel clinic.
This form must be completed and returned to the surgery no later than 1 week after issue / appointments made

IT IS THE PATIENT'S RESPONSIBILITY TO ENSURE THEIR CHOSEN PHARMACY CAN PROVIDE VACCINATIONS PRESCRIBED

PERSONAL DETAILS

Forename Surname Date of Birth
 Address
 Forename Postcode
 Home Tel. No. Mobile No. E-mail

DETAILS OF PLANNED TRIP

Date of Departure
 Country to be visited (1)
 Resort / City Total number of days in each place
 Country to be visited (2)
 Resort / City Total number of days in each place
 Country to be visited (3)
 Resort / City Total number of days in each place

Which best describes your trip: Business Pleasure Package Holiday Camping Cruise Trekking

Accommodation type: Hotel Apartment Staying with friends / family Other (please state)

Destination: Urban Rural Altitude

Indicate if more than 24 hours from medical help: Yes No

Planned activities: Hotel complex only Adventure Scuba diving Safari Charity work

HEALTH

State any recent or past medical history of note

List current or repeat medication

List any allergies (e.g. medicines, vaccines, eggs, nuts).....

Women only – are you pregnant or planning a pregnancy? Yes No

PREVIOUS VACCINATIONS

Have you previously received all vaccinations given at school? Yes No

If no, why not?

Have you previously received travel vaccinations? Yes No



TRAVEL RISK ASSESSMENT FORM – FOR SURGERY USE ONLY

Nurse should indicate which vaccines patient is recommended to have and arrange NHS prescriptions for those.

Nurse should indicate if patient may require non-NHS vaccines.

Staple this form to any prescription. Forms will then be scanned and patient contacted by reception staff.

NB – IT IS THE PATIENT'S RESPONSIBILITY TO ENSURE THEIR CHOSEN PHARMACY CAN PROVIDE VACCINATIONS PRESCRIBED.

VACCINATIONS RECOMMENDED – NHS

VACCINATIONS RECOMMENDED – NHS	Recommended	Already immunised	Primary course	Booster required	Prescription issued
Hepatitis A	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typhoid	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria / Tetanus / Polio	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-malarial (available without prescription)	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, indicate: Chloroquine <input type="checkbox"/> Proguanil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both <input type="checkbox"/>
Anti-malarials only available privately	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, see below for details of private clinic			

General travel & insect bite avoidance information can be accessed at:
fitfortravel.nhs.uk or nathnac.org/travel/

POSSIBLE VACCINATIONS RECOMMENDED – NON-NHS

VACCINES LISTED BELOW ARE NOT AVAILABLE ON NHS		
Rabies	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>
Hepatitis B	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>
Japanese encephalitis	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>
Yellow fever	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>
Tick borne encephalitis	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>
Anti-malarials only available privately	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>
Meningitis ACWY	Recommended	YES <input type="checkbox"/> NO <input type="checkbox"/>

Patients should contact a private travel clinic of their choice (see below)
for further information or access:
fitfortravel.nhs.uk or nathnac.org/travel/

PRIVATE TRAVEL CLINICS

The following is a list of some private travel clinics where patients may wish to attend for further advice or non-NHS vaccinations / anti-materials. The practice does not recommend any particular clinic.

TOWNHEAD PHARMACY – 31Townhead, Kirkintilloch G66 1NG – Tel. 0141 776 4435

EMCARE TRAVEL CLINIC – 2nd floor, Atlantic House, 45 Hope Street, Glasgow – Tel. 0141 404 0075

MASTA TRAVEL CLINIC – 990 Mitchell Lane, Glasgow G1 3NQ – Tel. 0330 100 4179

FOOTPRINTS TRAVEL CLINIC – 32-34 Woodlands Road, Glasgow G3 6UR – Tel. 0141 353 6738

BOOTS – Glasgow Fort Retail Park G34 9DL – Tel. 0141 773 4817