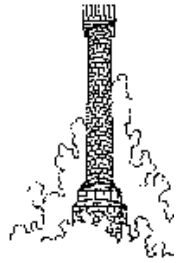


JESSOP MEDICAL PRACTICE



TRAVEL VACCINATION

You may not always need vaccinations when travelling abroad. The vaccines required depend on where and when you are traveling and what activities you plan to do.

You can check up-to-date travel health advice on the following websites:

- Travel Health Pro: <https://travelhealthpro.org.uk/countries>
- National Travel Health Network and Centre: <https://nathnac.net/>
- NHS Travel Vaccinations: <https://www.nhs.uk/vaccinations/travel-vaccinations/travel-vaccination-advice/>

We provide the supply the following vaccines free of charge on the NHS:

- Typhoid
- Hepatitis A
- Diphtheria, Tetanus and Polio
- Cholera

All other travel vaccinations must be obtained from a private travel clinic or service.

Please do not wait to until you have been seen by us before you arrange your private travel vaccines.

If you are planning on travelling to multiple countries, for example, three or more and/or back packing we then may ask you to visit a specialist private travel clinic for a consultation as we are unable to deal with complex travel in our clinics. However, we are still able to offer the NHS vaccines as above.

If you need one or more of these vaccines, please print the form or collect a copy from the practice, complete it, and return it to us.

It's important that we receive your completed form at least 8 weeks before you travel.

Please be aware that once we have reviewed your completed form, we may not always be able to accommodate your request as this is dependent on Nurse appointment availability. In this case, you will need to contact a private travel clinic or service provider.

TRAVEL RISK ASSESSMENT FORM

PLEASE COMPLETE PERSONAL DETAILS

Full Name:	Date of birth:
Address:	Contact Number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure:		Length of trip:	
COUNTRY	LOCATION OR REGION	CITY / RURAL	LENGTH OF STAY
1			
2			
3			
4			

TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY

<input type="checkbox"/> Holiday	<input type="checkbox"/> Hotel	<input type="checkbox"/> Medical Tourism
<input type="checkbox"/> Business Trip	<input type="checkbox"/> Cruise Ship	<input type="checkbox"/> Backpacking
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Hostel	<input type="checkbox"/> Pilgrimage
<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Camping	<input type="checkbox"/> Safari
<input type="checkbox"/> Healthcare Work	<input type="checkbox"/> Staying with Family / Friends	
<input type="checkbox"/> Other (please state):		

ADDITIONAL INFORMATION

Will you be pregnant, breastfeeding or planning pregnancy during or immediately after travel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Details:
Do you have any medical conditions? For example, Asthma/Diabetes/Heart problems.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please state:
Have you had any reactions to vaccines in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please state symptoms:
Are you allergic to any medicines, antibiotics, or foods?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please state:

Have you had any vaccines at other clinics or previous surgery?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please list with dates:
Additional Information you think we should know:			

I confirm the answers to be correct to the best of my knowledge, and I consent to receiving the vaccines as discussed with the nurse.

Signed

Date