

YELLOW PRACTICE TRAVEL HEALTH SERVICE

This service has been designed to provide the traveller with the information they require when travelling abroad, in addition to any vaccinations required. Whilst we endeavour to advise on most itineraries some schedules may be quite complex and may be best dealt with at a specialist travel health clinic. Most vaccines, Tetanus, Polio, Diphtheria, Typhoid and Hepatitis A, are available on the NHS. There will be a charge for vaccines not available on the NHS to cover the cost of issuing the private prescription and administering the treatment.

The following vaccines are not available on the NHS. If you require any of the following vaccines you will be charged as follows for each: -

• Cholera vaccine (2 doses)	£11.00
• Hepatitis B vaccine course (3 doses)	£26.00
• Hepatitis B vaccine booster (1 dose)	£16.00
• Meningococcal meningitis vaccine (1 dose)	£16.00
• Malaria tablets	£11.00
• Rabies vaccine course (3 doses)	£26.00
• Rabies vaccine booster (1 dose)	£16.00
• Tick Borne Encephalitis vaccine course (3 doses)	£26.00
• Yellow Fever vaccine patients)	£57.00 (practice

£60.00(nonregistered travellers)

Additional charges

• Fitness to travel certificate	£23.00
• Holiday Cancellation/Insurance claim	£30.00

Please note: These charges do not include the cost of the vaccine. The pharmacist will charge you for this separately. Costs vary between pharmacists.

You should complete a travel risk assessment form 8 weeks in advance of your intended travel.

Please ensure all sections are completed. It is your responsibility to ensure that all the dates of previous vaccinations are documented as far as possible. We may not have records of vaccinations you have received out with the practice.

After handing in the questionnaire, the Practice Nurse will check the current recommendations for the areas you are travelling to, and then contact you by letter to advise you of the vaccines recommended for your trip and arrange an appointment to discuss your travel requirements. Further appointments will be arranged as necessary.

Vaccinations need to be completed 2 weeks before you travel in order for you to be fully protected for your trip.

Additional travel advice can be accessed via www.fitfortravel.scot.nhs.uk

PERSONAL DETAILS	
• NAME	
• DATE OF BIRTH	
• EASIEST CONTACT NUMBER	
DATES OF TRIP	
• DEPARTURE DATE	
• DURATION OF TRIP	

ITINERARY AND PURPOSE OF VISIT		
COUNTRY TO BE VISITED	LENGTH OF STAY	HOURS FROM MEDICAL ATTENTION?
1.		
2.		
3.		
4.		
5.		

PLEASE CIRCLE THE DESCRIPTION THAT BEST DESCRIBES YOUR TRIP	
• TYPE OF TRIP	BUSINESS/PLEASURE/ OTHER
• HOLIDAY TYPE	PACKAGE/SELF CATERING/BACKPACKING/ CAMPING/CRUISE SHIP /OTHER
• ACCOMMODATION	HOTEL/RELATIVES/ FAMILY HOME/OTHER
• TRAVELLING	ALONE/FAMILY/FRIENDS/GROUP
• LOCATION	URBAN/RURAL/ALTITUDE
• PLANNED ACTIVITIES	SAFARI/JUNGLE/OTHER

PERSONAL MEDICAL HISTORY
• DO YOU HAVE ANY RECENT OR PAST MEDICAL HISTORY OF NOTE? THIS INCLUDES DIABETES, HEART OR LUNG CONDITIONS?
• LIST ANY CURRENT OR REPEAT MEDICATIONS
• DO YOU HAVE ANY ALLERGIES e.g. EGGS, ANTIBIOTICS, NUTS?
• HAVE YOU EVER HAD A SERIOUS REACTION TO A VACCINE?
• 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 HAD RADIOTHERAPY, CHEMOTHERAPY OR STEROID TREATMENT?
• ARE YOU PREGNANT, PLANNING A PREGNANCY OR BREASTFEEDING?
• HAVE YOU ADVISED THE TRAVEL INSURANCE COMPANY OF ANY MEDICAL CONDITIONS?
• PLEASE GIVE ANY FURTHER INFORMATION THAT MAY BE RELEVANT

VACCINATION HISTORY					
HAVE YOU EVER HAD ANY VACCINATIONS OR MALARIA TABLETS AND IF SO WHEN					
TETANUS		POLIO		DIPHTHERIA	
TYPHOID		HEPATITIS A		HEPATITIS B	
RABIES		MENINGITIS		TICK BORNE ENCEPHALITIS	
YELLOW FEVER		INFLUENZA		JAPANESE B ENCEPHALITIS	
• OTHER					
• MALARIA TABLETS					