

IVY GROVE SURGERY TRAVEL ADVICE

Time Scale

Please allow yourself plenty of time to obtain your travel requirements, as vaccinations can take a couple of weeks to take effect. We need at least 6 weeks' notice prior to travel to ensure a suitable appointment is agreed.

Charges

The surgery supplies certain travel vaccinations free on the NHS, these include Typhoid, Hepatitis A and Diphtheria/Tetanus/Polio. We also supply Yellow Fever at a cost (please ask about current price and instructions for this). Any payment can be made by card or cash. Other vaccinations that may be required for travel would have to be provided privately. Please look online for details of local travel clinics to obtain these.

Procedure for Travel Services

1. Complete the attached travel form on page 2 (one for each member of the family who are travelling).
2. Return your completed form to the surgery, where it will be passed to one of our Practice Nurses to check your requirements against your medical records.
3. Contact the surgery a week later, and we will confirm if you need to make an appointment at Ivy Grove Surgery for vaccinations or advice from our Practice Nurse, or if you need to attend a Travel Clinic elsewhere.

IVY GROVE SURGERY

Travel Questionnaire

If you are thinking of travelling abroad, please think well ahead. Our Practice Nurse will be pleased to advise you. Please complete this page of information as accurately as possible. It must be returned to reception before you can book your appointment with the Nurse.

Please use a separate form for each person travelling-.

| |
|--------------------|
| Date of Departure: |
| Full Name: |
| Address: |
| Date of Birth: |
| Telephone No. |
| Mobile No. |

| Destination(s) – Country & Area (including stop-overs) | Length of stay | Accommodation | Activities | Area (please tick) | |
|--|-------------------|-------------------------------|--|-----------------------|--|
| Eg. China, Beijing | | Eg. Hotel, Hostel, Camping | Eg. Holiday, Business, Backpacking. | Urban only | |
| | | | | Urban & rural | |
| | | | | Rural only | |

| | | |
|---|---------------|----------------|
| Will you be pregnant, breastfeeding, or planning pregnancy during or immediately after travel? | YES/NO | |
| Are you on steroid/cancer therapy? | YES/NO | |
| Have you any medical conditions eg. Diabetes/Asthma? If yes please state - | YES/NO | |
| Have you had any previous reactions to vaccines? If yes – which vaccine? - | YES/NO | |
| Are you allergic to any medicine, eggs or antibiotics? | YES/NO | |
| Are you taking any medication at present? If yes please state - | YES/NO | |
| Have you had any immunisations outside Ivy Grove Surgery which may not be in your medical notes? If yes please give dates: - | YES/NO | |
| Tetanus - | Polio - | Typhoid - |
| Hepatitis A - | Hepatitis B - | Yellow Fever - |
| Others - | | |

I confirm the above answers to be correct to the best of my knowledge and consent to having the vaccines listed overleaf given to me at Ivy Grove Surgery.

| | |
|--|------|
| Patient Signature | Date |
| (parent to sign if under 16 years old) | |

FOR OFFICE USE ONLY

To be completed the Practice Nurse

| VACCINATION | DATE OF LAST RECORDED | VALID | MANDATORY | RECOMMENDED | CONSIDER |
|----------------|-----------------------|-------|-----------|-------------|----------|
| Tetanus | | | | | |
| Diphtheria | | | | | |
| Polio | | | | | |
| Hepatitis A | | | | | |
| Typhoid | | | | | |
| | | | | | |
| Hepatitis B | | | | | |
| MMR | | | | | |
| Meningitis | | | | | |
| Rabies | | | | | |
| TB | | | | | |
| Yellow Fever | | | | | |
| | | | | | |
| Anti-Malarials | | | | | |
| | | | | | |
| Others | | | | | |
| | | | | | |
| | | | | | |

Appointment requirements or any charges

| VACCINATION | COST | IS VACCINATION REQUIRED? |
|-------------------------------|-------------------------|--------------------------|
| Diphtheria/Tetanus/Polio | Free at Ivy Grove | |
| Hepatitis A | Free at Ivy Grove | |
| Typhoid | Free at Ivy Grove | |
| MMR | Free at Ivy Grove | |
| | | |
| Hepatitis B | Go to Travel Clinic | |
| Meningitis | " | |
| Rabies | " | |
| TB | " | |
| | | |
| Yellow Fever Vaccination | Chargeable at Ivy Grove | |
| Yellow Fever Copy Certificate | Chargeable at Ivy Grove | |
| Anti-Malarials | Private Prescription | |
| Others | Go to Travel Clinic | |
| | | |
| | | |
| NURSE | DATE | TIME REQUIRED |