

## TRAVEL RISK ASSESSMENT FORM

**OUR TRAVEL CLINIC IS HELD ON THE LAST WEEK OF THE MONTH**

**Patients unable to attend at this time 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 & returned to the surgery no later than 1 week before travel appointment.**

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

### PERSONAL DETAILS

Forename ..... Surname ..... Date of birth .....

Address .....

..... 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

# REGENT GARDENS MEDICAL CENTRE

## 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"/> 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](http://fitfortravel.nhs.uk) or [nathnac.org/travel/](http://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"/>

*Patients should contact a private travel clinic of their choice (see below) for further information or access:  
[fitfortravel.nhs.uk](http://fitfortravel.nhs.uk) or [nathnac.org/travel/](http://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-malarials. The practice does not recommend any particular clinic.

**Sinclair Pharmacy** - 31 Townhead, Kirkintilloch G66 1NG - Tel: 0141 776 4435

**The Travel Clinic** - St James Business Centre, Linwood Road, Paisley - Tel: 0141 889 7656

**Emcare Travel Clinic** - 2nd floor, Atlantic House, 45 Hope Street, Glasgow - Tel: 0141 404 0075

**MASTA Travel Clinic** - 90 Mitchell Lane, Glasgow G1 3NQ - Tel: 0330 100 4179

**Footprints Travel Clinic** - 32-34 Woodlands Road, Glasgow G3 6UR - Tel: 0141 353 6738