

Barnt Green Surgery will be able to offer you a travel appointment if required. We offer an NHS travel service and can provide Hepatitis B, Japanese encephalitis, Rabies and tick borne encephalitis privately. We do not presently offer Yellow Fever Vaccinations.

We can provide the following travel vaccinations free on the NHS if indicated from your risk assessment form:

Polio, diphtheria and tetanus	Hepatitis A
Measles mumps & rubella	Typhoid
Meningitis	Cholera

Further information can be found at the following websites about which Vaccinations you will require before traveling:

<https://travelhealthpro.org.uk/>

<https://www.nhs.uk/conditions/travel-vaccinations/>

Please complete the travel risk assessment form 8 - 10 weeks prior to traveling and return your form to the surgery once completed. Our reception team will then be able to make you an initial 30 minute appointment to see a Nurse who can provide you with the necessary advice and NHS vaccinations.

TRAVEL RISK ASSESSMENT FORM

An appointment with the Nurse should be made at least 6 weeks prior to travelling and you need to have returned the form 2 weeks prior to your appointment date. Please be advised that should you attend having sent in a completed Travel Risk Assessment form you will be asked to rebook for another time.

Name:		Date of birth	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
E mail:		Telephone number:	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
Please tick as appropriate below to best describe your trip			
1. Type of trip	Business		Pleasure
			Other

2. Holiday type	Package		Self organised		Back packing	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives/family home		Other	
4. Traveling	Alone		With family/friends		In a group	
5. Staying in area which is	Urban		Rural		Altitude	
6. Panned activities	Safari		Adventure		Other	
Other information						

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			

	YES	NO	DETAILS
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			
Have you undergone FGM / been cut / circumcised			

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST

Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow fever		BCG		Other	
Malaria Tablets					

Any further information