



Travel Vaccination Risk Assessment Form

Dear Patient

Thank you for your Travel Vaccination enquiry.

Please complete this form 8-10 weeks in advance of your travel date.

The practice does not provide a service for last minute travellers – within 6 weeks of your travel date or if you are travelling to more than one country.

If your travel date is **less** than **6** weeks or you are travelling to **more** than **one** country please seek urgent travel advice from **private** travel vaccination clinics:

Traveldoc,
2 Regent Street, Nottingham, NG1 5BQ
Freephone 0800 583 3331
www.travel-doc.co.uk

Travel Clinic
Nottingham NHS Urgent Care Centre
Seaton House
Nottingham
NG2 4LA
Telephone: 0115 8838500

Oakenhall Medical Practice provides the following vaccinations free under the NHS, where required for travel purposes:

- Hepatitis A (4/12/17 there is a national shortage of this vaccine at present and the practice does not currently hold any stock of this).
- Typhoid
- Tetanus
- Diphtheria
- Polio

We do not currently offer private vaccinations i.e. ones other than those above that the NHS does not cover the cost of. For these please contact the above travel clinics.

We do not provide vaccination or blood tests for occupational health purposes.

If your travelling date is more than 8-10 weeks ahead:

- **Please complete the Travel Vaccination Risk Assessment Form overleaf →**
- **Please leave the completed form with the Receptionist at the Reception Desk**
- **Please allow 5 working days prior to contacting the practice for your travel vaccination recommendations.**



Travel Vaccination Risk Assessment Form

To be Completed by Traveller 8 – 10 Weeks Prior To Travel	
Name:	Date of Birth:
Address:	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
Telephone Number: Can we leave a message? Yes / No	Mobile Number: Can we leave a message? Yes / No

Please supply information about your trip in the sections below:			
Date of Departure:		Total Length of Trip:	
County to be visited	Exact location or region	City or Rural	Length of Stay
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
Type of Travel and Purpose of trip – please tick all that apply			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in Hotel	<input type="checkbox"/> Backpacking	Additional Information/ high risk activities e.g. Tattoos
<input type="checkbox"/> Business Trip	<input type="checkbox"/> Cruise Ship Trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare Worker	<input type="checkbox"/> Medical Tourism	<input type="checkbox"/> Visiting family/friend	

Personal Medical History			
Please give details of any medical history or medications (including over the counter) that may not be on your medical records at the practice:			
Further Details	N	Y	If yes, Please give further details
Do you have any allergies (e.g. eggs, nuts, latex, Antibiotics, medication)			
Have you ever had a serious reaction to a vaccine that you have previously received?			
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 or depression?			
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?			
Women only – are you pregnant, planning a pregnancy or breast feeding?			
I confirm the information I have provided is accurate to my knowledge:			
Signed:		Date Completed:	
Please allow 5 working days prior to contacting the practice for your travel vaccination recommendations.			

Date Received in Practice: