

# Park Surgery

## Travel Vaccination Information and Pre-appointment Questionnaire

The Practice Nurses are able to advise you on the vaccinations required for your holiday destination, but this can be a complicated process, especially with long-haul destinations and adventure holidays, as the nurse needs to take other factors, such as your travel itinerary and your medical history into consideration before deciding on and organising the appropriate vaccines for your appointment.

**N.B. To obtain full immunity, vaccines should be started at least 4 weeks before travel.**

**Please complete the attached pre-appointment questionnaire and return it to the surgery at least one week before you need to start your course of travel vaccinations.**

You will be contacted by our Practice Nurse who will arrange a vaccination schedule with you. Please ensure you include a daytime contact number.

Please note – Not all vaccinations are available on the NHS and a fee of **£50** per course is payable prior to vaccination for the following vaccines.

- **Hepatitis A** – for travellers to Northern Europe, Australia, New Zealand, USA & Canada
- **Japanese Encephalitis B**
- **Tick Borne Encephalitis**
- **Rabies**
- **Meningococcal Acwy**
- **Cholera**

**Park Surgery**  
**Pre-appointment Travel Vaccination Questionnaire**

Surname..... Forename.....

Address.....

.....Postcode.....

Date of Birth..... Male/Female

Home Tel: .....Daytime Tel: ..... Mobile No:.....

Consent for procedure? Yes/No .....

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Date of Departure.....

Destinations and duration of stay.....

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Type of Accommodation: Hotel/Villa or Apartment/Hostel/Family Home/  
Other (Please state).....

Extreme sports/High risk  
Activities.....

Medical Insurance Arranged: Yes/ No  
Does it cover extreme sports/high risk activities: Yes/No

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Relevant Medical History: .....

Known Allergies: .....

Current Health Problems: .....

Current Medication: .....

Taking Steroids: Yes/No

Women Only: Contraception? Yes/No (If yes what type).....  
Pregnant? Yes/No Breastfeeding Yes/No

For Nurse Use: Travel Vaccination Schedule

Vaccine	Date Q'aire R'cd	Date Needed	GP Signature	Fee Payable?	Nurse Signature	Date Given
DTP/HIB/MC/POL	1			n/a		
DTP/HIB/MC/POL	2			n/a		
DTP/HIB/MC/POL	3			n/a		
DT/POL	1			n/a		
DT/POL	2			n/a		
TET/low dose DIP	1			n/a		
TET/low dose DIP	2			n/a		
TET/low dose DIP	3			n/a		
TET/low dose DIP	4			n/a		
TET/low dose DIP	5			n/a		
Men C				n/a		
Hep A				n/a		
Hep A 6-12 month	b			n/a		
Hep B Day 0	1			£50		
Hep B Day 28	2			n/a		
Hep B 6 month	3			n/a		
Blood Test 3 months				n/a		
Hep B Fast Track	1			n/a		
Hep B 1 Month	2			n/a		
Hep B 2 Month	3			n/a		
Hep B 12 Month	4			n/a		
Rabies day 0	1			£50		
Rabies day 7	2			n/a		
Rabies day 28	3			n/a		
Japanese Enceph	1			£50		
Japanese Enceph	2					
Japanese Enceph	3					
Typhoid. Pt advised every 3 years if at risk						
Malaria - pt advised pharmacy						
Yellow Fever - pt advised designated centre.						