

**GIFFARD DRIVE SURGERY  
TRAVEL VACCINATION QUESTIONNAIRE**

**PATIENT TO COMPLETE THIS SIDE**

NAME..... DOB..... GP.....

Daytime Contact Tel No..... Email.....

**PLEASE LIST ALL COUNTRIES TO BE VISITED - IN ORDER- INCLUDING STOP-OVERS**

Date Of Travel	COUNTRY	LENGTH OF STAY
1.		
2.		
3.		
4.		

**What type of accommodation are you staying in?** Hotel / Self -Catering / Backpacking

**Reason for travel?** Holiday / Work / Gap Year / Visiting Friends and Family

**ARE YOU OR DO YOU HAVE ANY OF THE FOLLOWING? :-**

	NO	YES
ANY ALLERGIES		
ANY ADVERSE REACTION TO IMMUNISATIONS		
PREGNANT		
PLANNING PREGNANCY IN THE NEXT 6 MONTHS		
SUFFERING FROM A CHRONIC ILLNESS		
TAKING STEROIDS		
HISTORY OF EPILEPSY		
HISTORY OF PSYCHIATRIC ILLNESS including anxiety/depression		
SUFFERING FROM CANCER		
RECEIVING RADIOTHERAPY OR CHEMOTHERAPY		
SUFFERING FROM AUTO IMMUNE DISEASE		
AT RISK OF BEING HIV POSITIVE		

**Have you ever had any of the following vaccinations and if so when?**

	Date		Date		Date
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Tick Borne Encephalitis		Rabies	
Yellow Fever		Jap B Encephalitis		Other	

**I have answered these questions correctly to the best of my knowledge**

**PATIENT OR PARENT/GUARDIAN SIGNATURE.....**

**DATE.....**

**Please bring any records of vaccines you have had with you to the appointment.  
There may be charge for some vaccines, unfortunately we are unable to accept  
credit or debit cards for payment.**

**NURSE TO COMPLETE THIS SIDE**

VACCINE		Cost Per injection	Given	REQUIRED
TETANUS DIPHTHERIA & POLIO	Revaxis	FREE		
TYPHOID	Typhim Vi / Typherix	FREE		
HEPATITIS A	Avaxim or Havrix Mono	FREE		
HEPATITIS A & TYPHOID	Viaticim or Hepatyrix	FREE		
HEPATITIS A&B	Twinrix or Ambirix	FREE		
CHOLERA	Dukarol (Course of 2)	FREE		
HEPATITIS B	Engerix B (Course of 3 inject.)	£45		
YELLOW FEVER	Stamaril	£65		
MENINGITIS A,C,W &Y	Menveo or Nimenrix	£65		
RABIES	Rabipur (Course of 3 injections)	£65		
JAPANESE ENCEPHALITIS	Ixiaro (Course of 2 injections)	£110		

<b><u>DATE</u></b>	<b><u>GP</u></b>	<b>I give authorisation for practice nursing staff to administer a vaccine or course of any of the above vaccines which are not covered by North Hampshire &amp; Farnham CCG Patient Group Directions</b>	<b><u>Signature</u></b>
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**MALARIAL PROPHYLAXIS**

	COST	Recommended
<b>CHLOROQUINE</b>	Buy from chemist	
<b>PROGUANIL</b>	Buy from chemist	
<b>MALARONE</b>	£15 Private prescription plus cost of tablets at chemist	
<b>DOXYCYCLINE</b>	£15 Private prescription plus cost of tablets at chemist	
<b>MEFLOQUINE</b>	£15 Private prescription plus cost of tablets at chemist	
<b>Insect advice</b>		

Weight (Children requiring Malaria Prophylaxis) .....

Travel Appointment needed? Yes / No

Length of Appointment 10mins/ 20mins

Comments:-----

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ADVISE GIVEN			
Food & Water Hygiene	YES / NO	Altitude Sickness	YES / NO
Animal Bites	YES / NO	Sun & Heat	YES / NO
Hepatitis B & HIV	YES / NO	Insurance	YES / NO
TRAVAX / NaTHNaC			