livewell

NHS
Mid Essex
Clinical Commissioning Group

GP practice Travel Risk Assessment and Patient Specific Direction for administration of travel vaccines

****Page 1 to be completed by the patient in advance and returned to the practice at least 1 week before their appointment****

Patient Name:	Date of birth:
NHS number:	Address:
Contact number:	Email:

Trip Information		
Departure date:		Duration:
Itinerary		
Country including specific area or region	Duration	Availability of medical help (If travelling to a place where medical help is not readily on hand, estimate time it would take to reach a Doctor)

Trip description – tick all boxes that are applicable			
Purpose of trip:	Business☐	Pleasure☐	Other☐
Type of trip:	Package holiday☐	Self-organised☐	Backpacking☐
	Camping☐	Cruise ship☐	Trekking☐
Accommodation	Hotel☐	Friends/family☐	Other☐
Travelling	Alone☐	With friends/family☐	In a group☐
Location	Urban☐	Rural☐	Altitude ☐ (over 3000m or 10,000ft)
Activity type	Leisure☐	Safari☐	Adventure☐

Medical History			
Chronic medical condition(s)			
Allergies (including eggs, nuts, antibiotics etc.)	**(Do not leave blank if none state NKDA)**		
Have you had a serious reaction to a vaccine in the past? Please tick	Yes ☐ No☐	If yes, which vaccine and reaction?	
Current medications			
Recent infection? (high temp, flu, heavy cold)		Does having an injection make you feel faint?	
History of epilepsy yourself or family?		Any history of mental illness (Incl depression, anxiety?	
Recent radiotherapy, chemotherapy or steroid treatment?		Are you pregnant, planning pregnancy or breastfeeding?	
Have you got travel insurance?		If you have a medical condition have you told your insurance company?	

For discussion when risk assessment is performed within your appointment: I have no reason to think that I might be pregnant. I agree to pay for any vaccinations required for travel which are not available on the NHS. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.	
Patient/parent signature:	Date:

Travel risk assessment completed by:

Travel vaccinations recommended for this trip

Vaccinations suitable for prescribing on the NHS				
Disease protection		Required?		Further information
		Yes	No	
Hepatitis A single vaccine (Avaxim®, Havrix®, VAQTA®, Epaxal®)				
Typhoid (Typherix®, Typhim Vi®)				
Cholera (Dukoral®)				
Tetanus	Boostrix® Infanrix-IPV® Repevax®			
Diphtheria				
Polio				

Vaccinations not suitable for prescribing on the NHS PRIVATE CHARGE FOR THESE VACCINATIONS			
Disease protection	**Required?**		**Further information**
	Yes	**No**	
Hepatitis B vaccine (Engerix B®, Fendrix®, HBVAXPRO®) ****If both Hep A and Hep B are required DO NOT PRESCRIBE TWINRIX combination vaccine on NHS except when there are supply issues of individual vaccines****			
Japanese B Encephalitis (Ixiaro®)			To be given at a private clinic
Meningitis ACWY (Menveo®, Nimenrix®)			
Rabies (Rabipur®, Rabies (generic)			
Yellow Fever (Stamaril®)			
Other			

Malaria chemoprophylaxis
This is not available on the NOT suitable for prescribing on the NHS

	Required?		**Advice on supply**
	Yes	**No**	
Chloroquine			P medicine can be purchase OTC or Private prescription
Chloroquine and proguanil			
Atovaquone + proguanil (Malarone)			POM Private prescription
Mefloquine			
Doxycycline			
Malaria advice given Yes ☐			

Zika virus advice given where necessary Yes ☐

Doctor authorising administration of vaccination(s):
Date: