

The Masharani Practice
Travel Clinic Application Form

We provide information to enable you to protect your health when travelling abroad. To ensure that your health is fully covered before your holiday, please complete and return this form to us at least 8 weeks before you travel. If you book after this time, we cannot guarantee that you will be fully protected.

PLEASE NOTE – WE ONLY HAVE LIMITED AVAILABILITY FOR THIS SERVICE – PATIENTS WHO WILL BE TRAVELLING WITHIN 4 WEEKS MAY NOT BE ABLE TO HAVE AN APPOINTMENT BEFORE THEY TRAVEL

For families or couples travelling together, please note that you must fill in one form for each patient travelling.

Our specially trained nurses will then review your medical records and draw up recommendations for the NHS vaccinations you require for your trip. The following vaccinations are available on the NHS if they are recommended by the Department of Health for the area you are travelling to:

- Hepatitis A
- Typhoid
- Diphtheria/Tetanus/Polio
- Cholera

We will telephone you to make arrangements for you to have these vaccinations at the surgery, if needed. We will also be able to provide you with general advice to help you avoid health problems when you travel.

Please note that our nurses do not provide other vaccinations such as Hepatitis B, Rabies, Japanese Encephalitis and Yellow Fever and also Malaria preventative treatments – these are only available on a private basis from specialist clinics or pharmacies. We therefore suggest that you contact a provider of these services now to discuss your requirements. Sometimes you will require a course of vaccinations to ensure you are protected, it is vital that you make arrangements for these as soon as possible, please do not wait until your appointment at the surgery.

Name			
Date of Birth			
Departure Date		Return Date:	
Total Days Away			
Contact Tel No			

Countries Visiting – Please specify the area of each country you will be visiting and Dates you will be there, (e.g. Chiang Mai, Thailand 10 -25 September)	Type of Stay: (highlight all that apply)	
1.	Luxury / 4 star	Back Packing
2.	Budget	Remote Area
3.	Last Minute	Adventure
If more than 3 destinations, please continue on a separate sheet	Prolonged Trip	Occupational

For office use only:	Date form received:	Initialled by staff:	Task sent:
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Allergies	
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Female Patients	Are you pregnant now?	Yes / No
	Are you likely to get pregnant within three months of Finishing your holiday?	Yes / No

List the vaccines you have already had in the past and dates when given

Vaccine	Date

Useful Websites

Department of Health advice	http://www.dh.gov.uk/travellers
National Travel Health Network and Centre	http://www.nathnac.org
Fit for Travel (vaccination and malaria information)	http://www.fitfortravel.scot.nhs.uk/
Foreign and Commonwealth Office	http://www.fco.gov.uk/travel
Leicestershire Area Private Travel Clinic (0116 254 1282)	http://regentstreetclinic.co.uk

This is not the only private travel provider but is the closest to Lutterworth that we are aware of at the present time

Ask for a copy of our General Travel Information Leaflet when you see the nurse for your vaccinations.

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For office use only – Record of Treatment

Patients Name		Date of Birth	
Date Form Received		Accepted by	
Date in tray with notes		Date patient leaves UK If less than 6 weeks please check	
NHS Vaccinations Recommended			
Hepatitis A <input type="checkbox"/>	Tetanus <input type="checkbox"/>	Cholera <input type="checkbox"/>	
Hepatitis A&B <input type="checkbox"/>	Typhoid <input type="checkbox"/>		
Private Vaccinations Recommended			
Hepatitis B <input type="checkbox"/>	Rabies <input type="checkbox"/>	Malaria Prevention <input type="checkbox"/>	
Japanese Encephalitis <input type="checkbox"/>	Tick Borne Encephalitis <input type="checkbox"/>		
Private Vaccinations that are mandatory for some areas on your trip			
Yellow Fever <input type="checkbox"/>			
Signature of Travel Nurse:			
Print Name:		Date:	
Patient Specific Directive: Following completion of a travel risk assessment the vaccines named in the 'NHS Vaccinations Recommended' section can be administered under this PSD to the patient named above.			
Signature of Prescriber:			
Print Name:		Date:	

Details of appointments to be booked: Length of first appointment and any follow up appointment requiring booking at this stage			
Dates Reception attempts to contact / Text sent			
Appointment Booked	Booked by:	Date of appointment:	
Patient has been given advice below	Actioned by:	Date actioned:	
READ THE FOLLOWING STATEMENT (exclude part in brackets if not relevant)			
Please note that you are recommended to have X NHS vaccinations.			
(Private vaccinations are recommended [and yellow fever is mandatory for part of your trip]. You must contact a private travel clinic before you attend for your NHS appointment as we cannot provide these, some of which require a course of treatment).			
Send text using organisational pre-set as follows:			

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We have called you to discuss your travel vaccinations. Please note, some private vaccinations Are recommended trip – you must contact a private travel clinic before you attend your NHS travel appointment

For Office Use – after booking appointment ensure PSD then place in folder – Documents to be Scanned after nurse appointment