



# THE WILSON PRACTICE

Alton Health Centre,  
Anstey Road, Alton GU34 2QX

## TRAVEL APPOINTMENT INFORMATION

### Risk Assessments

We will perform a risk assessment before deciding which vaccines are recommended and to give advice that will best address your needs. Also, for some destinations, you will need to receive a course of vaccines over a six week period. For this reason, we request that you complete the attached questionnaire as fully as possible and return it to the receptionists ASAP.

### Travel Clinic Times

Wednesday Mornings

*We regret that we are unable to give telephone advice, unless a questionnaire has been completed and the Travel Sister has looked at your notes.*

### Lead Travel Sister

Sister Lynn Paice RGN

### Travel Clinic

Your appointment will last a maximum of 15 minutes, unless we have given you a double appointment (families, backpackers, travellers to remote and malarial areas). During this time you will be given specific travel advice and precautionary guidelines on keeping yourself safe and well. Such advice might include Malaria drugs, animal/insect bite avoidance, sanitation and personal hygiene, hepatitis B & HIV infection etc.

It would help us greatly if you had some awareness of the travel health problems that you may be of risk from on your trip, before you come for your appointment. The following web site addresses may be of interest.

[www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk)

[www.dh.gov.uk](http://www.dh.gov.uk)

[www.fco.gov.uk/knowbeforeyougo](http://www.fco.gov.uk/knowbeforeyougo)

[www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)

[www.malariahotspots.co.uk](http://www.malariahotspots.co.uk)

Scottish NHS Public Travel Site

Department of Health

Foreign and Commonwealth Office

Immunisation issues

Malaria for the General Public

### Costs Not Covered on NHS

Jap.Enc.B x 3	£250.00	Yellow fever	£56.00
Rabies x 3	£150.00	Meningitis ACWY	£40.00
Hep B x 3	£75.00	Travel pack	£20.00

Anti-malarial drugs - private prescription £15.00 (plus cost of drugs at the pharmacy)

The reception team cannot take payments. Our Finance Department will invoice you for any costs that are not covered by the NHS.

**Please retain this letter for reference and return the attached questionnaire. You will be offered the next suitable appointment in proportion to your date of travel.**

**YOUR TRAVEL APPOINTMENT HAS BEEN BOOKED FOR (insert date):**

.....

**PLEASE BRING YOUR IMMUNISATION BOOKLET TO YOUR APPOINTMENT FOR YOUR NURSE TO UPDATE**

**THE WILSON PRACTICE  
TRAVEL CLINIC QUESTIONNAIRE**  
**One Form Per Person. Please complete as fully as possible.**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DAY TIME CONTACT NUMBER: \_\_\_\_\_

**1. ABOUT YOUR TRIP**

Date of Departure .....

Duration of Trip .....

Destination (please be specific) .....

Details \* .....

*\* We need to know if you are going to remote areas, where access to medical help is limited, if you are going to mountainous areas (>3000m), swampy, river or jungle regions, and if so, for how long. Please supply a full itinerary, with as accurate dates as possible. This is essential if you are going backpacking or on any other long trip.*

**PATIENTS WHO HAVE HAD A SPLENECTOMY, HAVE A MALFUNCTIONING SPLEEN OR WHO ARE PREGNANT ARE STRONGLY ADVISED NOT TO TRAVEL TO MALARIAL AREAS.**

**Please Indicate Which Best Describes Your Travel**

Package Tour    Cruise    \* Business Trip    Visit to family/friends    Backpacking

\* Voluntary/Charity Work    \* High Risk Activities

\* more details please. ....

**Type of Accommodation**

Hotels                      Hostels                      Camping                      Other

**2. ABOUT YOU**

Do You Have Any Allergies? If Yes Please Give Details: .....

**Women only:-**

- |  |     |    |
|--|-----|----|
| a) Are you on oral contraception ?   | Yes | No |
| b) Are you on Depo injections?   | Yes | No |
| c) Is there any possibility that you are pregnant or could become pregnant during the course of your trip? | Yes | No |

**All**

Have you travelled overseas before requiring vaccinations? Please indicate below your previous immunisations, with dates, if possible, as we may not necessarily have a full immunisation history for you

Diphtheria : ..... Tetanus: ..... Polio: ..... B.C.G : .....

Hepatitis A: ..... Hepatitis B: ..... Japanese B: ..... Meningitis: .....

Encephalitis: ..... Typhoid: ..... Yellow Fever : ..... Rabies: : .....