

Travel Assessment

1. Please research your travel requirements prior to attending the health centre by visiting www.masta.org (there is a charge for this service) or visiting www.fitfortravel.nhs.uk for free, up to date advice.

You should also find out about general health tips for travelers on food and water, personal hygiene, sun protection, deep vein thrombosis, insect and animal bites and safe sex.

2. If you have a record of previous vaccinations, please bring this with you to each appointment.
3. Please make an appointment in plenty of time before your travel date. It can take several weeks to complete a course of vaccinations. If possible please leave this form at the health centre a day or so before your appointment, if this is not possible then please bring it with you.
4. There is a charge for some vaccines, payable before your appointment.

Vaccine	Doses Required	Charge PER dose
Rabies	Course of 3	£45
Hepatitis B	Course of 3	£25
Meningitis ACWY	1	£35
Yellow Fever	1	£50

There is no charge for Tetanus, Diptheria, Polio, Typhoid, Hepatitis A.

5. If you require anti-malarials you will need to contact your GP.

For official use :-

In date:	Needed:
Tet
Dip
Polio
Typhoid
Hep A
Hep B
Men
Yellow Fev
Influenza
Rabies
Jap B En
Tick bourne
Malaria chemoprophylaxis

Travel Assessment

Please complete this form and bring with you to your appointment.

NAME	Date of Birth
Address	
Post code	
Telephone	Email
Date of Departure	Length of Stay
Country(s) visited	

Please tick	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Type of trip	Business		Pleasure		Other
Holiday type	Package		Self organized		Backpacking
	Camping		Cruise Ship		Trekking
Accommodation	Hotel		Relatives/family home		Other
Travelling	Alone		With family/friend		In a group
Staying in an area which is	Urban		Rural		Away from medical help
Planned activities	Safari		Adventure		Other

Recent or past medical conditions (i.e. diabetes, heart or lung conditions, depression, epilepsy):
Current Medications (including steroids, chemotherapy, radiotherapy):
Do you have any allergies?
Have you ever had any serious reaction to a vaccine before?
Women only – are you breast feeding, pregnant or planning pregnancy?
Any other information you may feel relevant?
Have you taken out travel insurance?
Please list any previous vaccinations and dates: