

## **Information and risk assessment** **For patients travelling abroad**

If you have planned or are planning a trip abroad it is advisable to make an appointment in the Travel Clinic, so the nurse can discuss any risks associated with your travel and advise you of any vaccines or Malaria prophylaxis you may require.

Ideally vaccines should be administered at least 6 weeks prior to travel; this will ensure your vaccine has had time to become effective and for patients to recover from any reactions or side effects that may occur. This will also allow patients to ensure they have all they need in the way of medications, lotions, insurance, malaria tablets etc.

Most common risks associated with travel are:

1. Insect bites/avoidance
2. Food and water hygiene to prevent diarrhoea
3. Rabies
4. Blood borne viruses
5. Insurance/Accidents
6. Sun protection

Please read and if required Print off the information sheet regarding these risks and other risks associated with travel and your health.

Patients who are travelling abroad are requested to complete a travel health record sheet. Once completed please print off and hand this into reception so the nurse can identify what vaccines may be needed. It would also be helpful to write down all countries you are planning to travel to for those going on a cruise or backpacking and how long you will be staying in each country.

## Portslade Health Centre

### TRAVEL HEALTH Clinic record

<b>Name:</b>	<b>Date of birth:</b>												
	Sex: Male Female												
<b>Patient's address:</b>	<b>GP Name:</b>												
	<b>Address:</b>												
<b>Postcode:</b>	<b>Postcode:</b>												
<b>Tel no.</b>	<b>Tel no.</b>												
<b>Medical history:</b>													
<b>Current health problems:</b>	<b>Current medication:</b>												
<b>Allergies:</b>	<b>Women only:</b> Are you pregnant Yes No												
<b><u>Travel details:</u></b> Date of Departure:-----  How long for:-----  Where travelling to-----	<b><u>Type of trip: Tick all that apply</u></b>  <table style="width: 100%; border: none;"> <tr> <td>Package holiday----</td> <td>Backpacking</td> </tr> <tr> <td>Cruise-----</td> <td>Visiting family/friends</td> </tr> <tr> <td>Business&lt;3months</td> <td>Voluntary/Charity</td> </tr> <tr> <td>Business&gt;3months</td> <td>Aid worker</td> </tr> <tr> <td>Immigration</td> <td>Self organised</td> </tr> <tr> <td colspan="2" style="text-align: center;">Organised adventure holiday</td> </tr> </table>	Package holiday----	Backpacking	Cruise-----	Visiting family/friends	Business<3months	Voluntary/Charity	Business>3months	Aid worker	Immigration	Self organised	Organised adventure holiday	
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Business>3months	Aid worker												
Immigration	Self organised												
Organised adventure holiday													
<b><u>Accommodation:</u></b>  Good                      Poor Basic                     Unknown	<b><u>Areas to be visited:</u></b>  Urban                      Altitude>3000m Rural                        Beach												

Please sign your name below to show that you have read the information supplied and understand the risks associated with travel as discussed with your nurse.

Date and Signature of patient travelling-----

## Travel clinic record of vaccines required and administered

Name of Vaccines	Vaccines recommended for patient travelling abroad	Vaccines administered for purpose of travel	Please tick if vaccines in date
Tetanus/Diphtheria Inactivated Polio FREE			
Poliomyelitis FREE			
Typhoid (Injectable) FREE			
Hepatitis A 1 <sup>st</sup> /booster FREE			
Hepatitis A&B 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Not available FREE at PHC			
Hepatitis B 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> Booster <b>Private</b> <b>£30 each injection cash only</b>			
Hepatitis A and Typhoid FREE			
Menigococcal (specify type)			
Japanese B Encephalitis 1 <sup>st</sup> /2 <sup>nd</sup> NOT AVAILABLE <b>(Private)</b> at PHC			
Rabies Not available 1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> at PHC <b>(Private)</b>			
Yellow fever <b>Private</b> <b>£50 cash only</b>			

### Malaria Prohylaxis advised

1.Chloroquine 2.Proguinal 3.Doxycycline 4.Mefloquine 5.Malarone

**Quantity Required:**