

Penalverne Surgery, Penzance. 01736 363361



## **YOUR TRAVEL!**

Dear Patient,

Thank you for your enquiry about Travel Health and vaccinations. We will be happy to help you with this. Please ask Reception to book you a special Travel Clinic appointment with one of our Practice Nurses, who will advise you on your requirements and will start your course of vaccinations where appropriate. This should be done at least six weeks before your planned departure.

In order to do this it is important we know your exact travel plans, and you will need to complete FULLY the attached Travel Health Questionnaire. Please bring it with you to your appointment or drop it in to us beforehand.

Certain types of Malaria prophylaxis are only available on prescription, and you may be asked to make an appointment to see the doctor.

Travel Health is an increasingly complicated and specialised subject. Did you know, it is estimated that only 3% of illnesses contracted overseas can be prevented by vaccination? For further information we would advise you to consult your travel agent or visit the following websites: [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk) or [www.travelhealth.co.uk](http://www.travelhealth.co.uk)

If your travel plans are complex, eg visiting several countries, backpacking, visiting rural areas, or for long stays, we may ask you to obtain specialist advice from MASTA, the Medical Advisory Service for Travellers Abroad.

If you take regular medication, please remember to order an adequate supply to cover your trip, and don't leave it at home!

Consider whether you need to take insect repellent or condoms, and don't forget to protect yourself and (especially) any children, from the sun.

You are strongly advised to take out Travel Insurance. Inform the insurer if have any pre-existing medical condition, or if you will be doing hazardous activities, which may need you to pay an additional premium.

**We wish you a healthy and enjoyable trip!**

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**Travel Health Questionnaire.** Please complete as FULLY as possible.

Name..... Date of Birth .....

Address.....

Phone: Home ..... Work..... Mobile .....

Destinations (ALL countries to be visited, including any stopovers): .....

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Date of departure:.....Length of stay:.....

Will you be spending any significant time in Rural Areas? \* Yes/No.....

Type of trip: (eg Holiday? Business? Working? Visiting Family? Backpacking? Package trip?)

Self Organised? Voluntary Work? Other?) .....

Have you any medical conditions? .....

Are you at present in good health? \* Yes/No.....

Any PAST medical conditions? .....

Allergies? ..... Pregnancy or breastfeeding? \*Yes/No.....

Any previous reactions to a vaccination? \* Yes/No.....

Previous travel vaccinations received (including dates): .....

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Patient's signature..... Date.....

(For surgery use)

Vaccinations required:

Malaria prophylaxis:

Nurse's signature..... Date.....