

TURRIF MEDICAL PRACTICE

PATIENT INFORMATION AND TRAVEL CHECK LIST

1. There is an Administration / Research charge of £23.00 per person (£35.00 per family i.e. Two adults plus Two children) for giving travel advice.
2. There may also be a charge for certain vaccines which require to be paid for when collecting prescriptions from the practice.
3. Eight clear weeks are requested before going abroad. If you are going before this, we are unable to provide proper care and recommend you contact:-

Travel Clinic
David Anderson Building
Foresterhill Road
ABERDEEN
AB25 2ZP

Tel No: 01224 552524
*You will be asked to
leave your name and contact number*

Or

ARK Occupational Health
213 George Street
ABERDEEN
AB25 1HY

Tel No: 01224 562747
Email: health@arkoh.co.uk
Monday – Friday 9.00am – 4.00pm

Or

Occupational and Travel Clinic
Occupational Health Service
Ground Floor
Foresterhill Lea
Aberdeen

Tel No: 01224 553663
Monday – Friday 9.00am – 4.00pm

4. Useful websites for further information:-

www.fitfortravel.nhs.uk

www.malariahotspots.co.uk

The nurse requires the attached forms to be handed in to reception at least two weeks before your first appointment. The Travel Nurse will contact you to arrange your initial appointment which will be for 30 minutes.

You must collect and pay for your prescription from the practice and take to your pharmacist at least ONE week prior to your appointment.

Please store vaccines in the salad box of your fridge and bring with you for your Travel Clinic appointment.

TRAVEL CHECKLIST

Personal Details

Name Date of Birth:

Contact Telephone Number Male Female

E-mail address

Dates of Trip

Date of Departure

Return Date or Length of Stay

Itinerary

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Countries Being Visited

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Holiday Type:	Package		Back Packing		Cruise		Other	
	Camping		Trekking		Business			
Accommodation:	Hotel		Relatives/Family		Other			
Area:	Urban		Rural		Altitude			
Planned activities:	Safari		Adventure		Other			

Past Medical History

Do you have any recent or past medical history? (Diabetes, Heart Disease, Epilepsy)

List any current medications.....

Do you have any allergies? Yes/No

Have you ever had a reaction to vaccine before? Yes/No

Do you have any history of mental illness including depression or anxiety? Yes/No

Have you undergone radiotherapy, chemotherapy or steroid treatment? Yes/No

Women:- Are you pregnant or planning pregnancy? Yes/No

Any further relevant information:-

Vaccination History

Have you ever had any of the following vaccinations/malaria tablets and when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Rabies		Yellow Fever		Influenza	
Other		JapB Enceph		Tick Borne	
Malaria tablets					

Signed.....

Date.....

OFFICIAL USE

Travel Vaccines Recommended for this Trip

Disease Protection	Yes	No	Information
Dip/Tetanus/Polio			
Single Typhoid			
Typhoid + Hep A			
Single Hep A			
Hepatitis B (Single or 3 doses)			
Meningococcal ACWY			
Rabies (Single or 3 dose)			
Yellow Fever			
Japanese Encephalitis (Single or 3 dose)			
Tick Borne Encephalitis (Single or 3 dose)			
Cholera			
Other			

Travel Advice Given for Trip

Food, Water & Hygiene		Travellers Diarrhoea		Hep B & HIV	
Bite Prevention		Animal Bites		Accidents	
Insurance		Air Travel		Sun Protection	
Websites		Travel Card Supplied		Other	

Malaria prevention Advice and Malaria Chemoprophylaxis

Signed by Designation..... Date.....