

**HAND TO NURSES
UPON RECEIPT**



Date Received:

George House, 40-48 George Lane,
Loddon, Norfolk NR14 6QH
(01508) 520222

Pre Travel Questionnaire

NAME DOB

Telephone No..... Email

Date of Departure Total length of trip

Country to be visited	Exact location/ Region	City /Rural	Length of stay
1			
2			
3			
4			

Type of Travel: Holiday [] Business [] Volunteer [] Health Care Worker []

Type of Accommodation:

Hotel []
Backpacking []

Other (please state)
.....
.....

I am allergic to the following things:

Eggs Yes / No
Antibiotics Yes / No

Other
.....

Medication

.....
.....
.....
.....
.....

I have the following:

Psoriasis Yes / No
Epilepsy Yes / No
Thymus Disorder Yes / No
Cardiac Problems Yes / No
Previous reaction to vaccine Yes / No
Spleen Removed Yes / No
Pregnant/possible pregnancy Yes / No
HIV/Other Yes / No

I take drugs to suppress my immune system
(Please state which drug(s) below

.....
.....

Malaria Medication History: I have previously taken:

.....

Please tick any travel vaccination requirements (below) and return the form to **Chet Valley Medical Practice** as soon as possible, ideally, 2 months prior to travelling. You can send the completed form by email to **loddon.doctors@nhs.net**, by post or by handing it to a member of staff on Reception. This enables us to offer you an appropriate appointment in good time before you travel

Vaccinations you feel you may need for this trip

Tetanus/Diphtheria/Polio (Revaxis)		MMR	
Typhoid		Hepatitis B	
Hepatitis A		Japanese Encephalitis	
Yellow Fever		Tick Borne Encephalitis	
Rabies		Malaria Tablets	
Other			
Do you have Travel Insurance?			

Many thanks

For Surgery Use Only

Nurse Actioned Patient Informed Complete → Scan & Archive

Nurse Comment.....

Vaccination Information

PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

Revaxis (Diphtheria/Tetanus/Polio)

5 Revaxis in your life time will give cover for life.

A booster is needed if you have an injury, with an open wound more than 10 years from last Revaxis.

Typhoid Vaccination

This vaccination is effective within 10-14 days of vaccination. It lasts for 3 years.

Hepatitis A Vaccination

This vaccination is effective within 10-14 days of vaccination.

A booster vaccination is required 6-12 months after the 1st vaccination.

This gives life cover against Hepatitis A.

Yellow Fever Vaccination

This vaccination is effective within 10-14 days of vaccination. It gives life cover.

You must retain your Yellow Fever Certificate for reference

Travel Websites for which may be useful for further information

<https://nathnac.net/>
<https://www.fitfortravel.nhs.uk/>

Other Local Travel Centres

The Globe Travel Health Centre

<https://www.globetravelhealthcentre.com> (Please see website for opening times)

26 Cattle Market St, Norwich. NR1 3DY

Phone: 01603 667323

Email: Vaccination.Norwich@evguk.co.uk

Superdrug Travel Clinic

<https://healthclinics.superdrug.com> (Please see website for opening times)

40-46 St Stephens St, Norwich. NR1 3SH

Telephone: 0333 311 1007

Email: contact@healthclinics.superdrug.com.

CityDoc Norwich

<https://www.citydoc.org.uk/citydoc-norwich> (Please see website for opening times)

143 Unthank Rd, Norwich NR2 2PE

Telephone: 020 3794 6697