



Travel advice service

Please complete a travel risk assessment form and return it to the practice as soon as possible. The process takes approximately 12 weeks. If you are travelling within the next 12 weeks you may not have sufficient time.

You will be given an appointment with our Practice Nurse to discuss the information you have provided on the form. This appointment will also be used to advise you which vaccines are recommended to be taken for the countries you will be visiting. This appointment must take place at least 8-10 weeks before you travel.

You will then be given further appointments with the Practice Nurse to have the vaccines. Your last appointment must take place at least two weeks prior to your travel date.

Some travel vaccines are provided under the NHS and are free of charge. Vaccines which are not provided under the NHS are prescribed on a private prescription. The fee includes a charge for the issue of each private prescription and each private vaccine administered. The attached sheet gives details of the current charges.

Please note that all fees must be paid before any vaccines can be ordered by the practice. We accept cash or cheques payable to Kinmylies Medical Practice. This payment must be made at the first assessment appointment.

It is useful if you are able to prepare for the assessment appointment by reading information about foreign travel and the vaccinations you may require. We recommend using the **Fit for Travel** website.

www.fitfortravel.scot.nhs.uk

If your travel includes walking at high altitudes, we recommend that you visit the **Mountaineering Council of Scotland** website.

www.mcofs.org.uk

We also recommend that you visit the foreign office website to read important safety advice regarding the countries you will be visiting.

www.fc.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/

Vaccines for Foreign Travel

Vaccine	NHS or private prescription	Fee payable (per injection)
Cholera (Can be offered on the NHS to humanitarian aid and relief workers, and travellers with remote itineraries in areas of cholera outbreaks who have limited access to safe water and medical care.)	NHS	n/a
Diphtheria (low dose)	NHS	n/a
Hepatitis A	NHS	n/a
Hepatitis A and Typhoid (combined)	NHS	n/a
Poliomyelitis	NHS	n/a
Tetanus	NHS	n/a
Typhoid	NHS	n/a
Hepatitis B	Private	£ 30.00 per vaccine (a course of 3 vaccines may be required*)
Japanese Encephalitis (Japanese encephalitis not licensed in the UK so must be given on a named patient basis.)	Private	£ 90.00 per vaccine (a course of 2 vaccines may be required*)
Meningococcal A, C, W135 and Y	Private	£ 40.00
Rabies (Available on the NHS only for travellers working overseas whose occupation puts them at high risk of exposure to the virus).	Private	Approx. £60 per vaccine (a course of 3 vaccines may be required*) The actual cost of rabies vaccines will be advised at the time of ordering
Tick-Borne Encephalitis	Private	£ 75.00
Yellow Fever	Private	Not available at Kinmylies**

* The required number of vaccinations will be confirmed by the nurse during the initial consultation

** Please ask at reception for the details of the nearest yellow fever centre

PRACTICE USE ONLY

Received

Checked

Appt 1

Kinmylies Medical Practice**TRAVEL RISK ASSESSMENT FORM**

Please complete all sections and return this form to us by _____

For non-NHS vaccines, there will be a fee payable for each vaccine and each private prescription issued.

Private fees must be paid IN FULL at the initial assessment appointment. Fees can be paid in cash or by cheque payable to Kinmylies Medical Practice.

Personal details

Full name:

Address:

Contact telephone number:

We may need to contact you to before your assessment appointment to clarify information supplied, please supply a suitable number.

Date of Birth:

Male () Female ()

E mail address:

Travel details

Date of departure:

Date of return:

COUNTRY**AREA****CITY****Length of stay****Type of trip**

Business/Pleasure/Other (please describe)

Type of holiday/travel

Package holiday/Camping holiday/Backpacking/ Cruise/ Self-organised/Trekking/Other (please describe)

Accommodation type

Hotel/Staying with relatives or friends/Hostel/ Other (please describe)

Will you be staying more than 24 hours away from medical help at any of the planned destinations?

No

Yes (please give full details)

Planned activities**e.g. Safari, adventure etc.**

Please give full details of all planned activities

Will you be walking at high altitude?

Please give full details

Personal medical history**Do you have any recent or past medical history of note?**

This includes diabetes, heart or lung problems etc. Please give full details.

Please give full details of any allergies

For example, antibiotics, eggs, nuts etc.

Have you ever had a serious reaction to a vaccination given to you before?

No

Yes (please give full details)

Does having an injection make you feel faint?

No

Yes

Do you or any close family members have epilepsy?

No

Yes

Have you ever suffered from depression or anxiety? Or any form of mental illness?

No

Yes (please give full details)

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

No

Yes (please give full details)

Women only:**Are you pregnant or breast feeding OR are you planning a pregnancy?**

No

Yes (Please give details)

Please provide us with any further medical information which you feel may be relevant.

Vaccination history

**Have you ever had any of the following vaccinations and if so, when?
Please also enter the name & date of any vaccines not listed below.**

Vaccine	Date	Vaccine	Date
Tetanus		Polio	
Meningitis		Hepatitis A	
Typhoid		Hepatitis B	
Rabies		Yellow fever	
Japanese B Enceph		Tick borne	
Diphtheria		Influenza	

Have you ever taken malaria tablets before?

No

Yes (please give details)

Declaration

To be signed at the first risk assessment appointment.

I have no reason to think that I may be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signature of patient:

Date: