|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DETAILS | | | | | | |
| Name | | | | Date of Birth | | |
| Preferred contact : Mobile Tel number  Your Travel Appointment will be sent via text to the number you have provided | | | | ( Admin use only )  APPOINTMENT MADE WITH  DATE  TIME | | |
| Email address | | | |
| TRIP DETAILS | | | |  | | |
| Date of Departure | | | | Length of stay overall | | |
| Date of Return | | | |
| DESTINATION (S) | | | | | | |
| Countries to be visited | Areas staying within Country | | Length of stay | | | Recommended vaccines(Admin use only) |
| 1. |  | |  | | |  |
| 2. |  | |  | | |  |
| 3. |  | |  | | |  |
| 4. |  | |  | | |  |
| PERSONAL MEDICAL HISTORY | | | | | | |
| Recent or past medical history – ( heart problems, lung conditions, diabetes , epilepsy, mental illness including anxiety or depression etc) | | | | | | |
| Allergies ? : | | Pregnancy ? : | | | | |
| Have you taken out travel insurance ? | | Yes | | | No | |
| If you have a medical condition have you informed the insurance company of this and checked that it will cover you? | | | | | | |

|  |  |
| --- | --- |
| Following discussion during my travel consultation and based on the above information I consent to having vaccines as recommended by my health professional  I have no reason to think I may be pregnant and have received the information on the risks and benefits of the vaccines recommended | |
| Patient Signature | Date |

**Cheadle Medical Practice : TRAVEL HEALTH ASSESSMENT FORM**

**BEFORE YOUR APPOINTMENT :** PLEASE VISIT – [www.travelhealthpro.org](http://www.travelhealthpro.org) this website will provide you with up to date advice and current recommendations for all travel.

**Be advised that for forms submitted with less than 6 weeks notice we may not be able offer you a suitable appointment before your trip. If your form is submitted with less than 2 weeks’ notice it will NOT be processed and you are advised to contact a Private Travel Clinic straight away.**

**The majority of Vaccines take up to two weeks to provide immunity therefore make sure you have an appointment at least 2 weeks before your intended date of travel (or earlier if a more complicated itinerary as you may need more than one dose). Leaving it late will mean you may not be adequately covered for your trip.**

**PRIVATE TRAVEL CLINICS**

**PEAK PHARMACY HEALD GREEN 0161 437 1455**

**HEALD GREEN PHARMACY 0161 498 9743**

**Please complete the form overleaf and bring this to our reception team.** Once this has been submitted we will contact you via text within two weeks to offer you a Travel appointment (please ensure we have the correct mobile telephone number for you overleaf )

**This surgery can only provide vaccinations that are available on the NHS – we can advise on others but we do not routinely provide these and you will be advised to obtain them from a local travel clinic.**

**The NHS available vaccines are : Hepatitis A, Tetanus, Typhoid, Polio & Cholera** (Please Note Cholera is an oral vaccine therefore a prescription charge applies )

**MALARIA : Remember prevention of Malaria involves several steps: These steps can be remembered as the A, B, C, D of malaria prevention**

**A**wareness of the risk

**B**ite prevention (particularly at night time)

**C**hemoprophylaxis (use of appropriate malaria prevention tablets)

**D**iagnosis (prompt diagnosis and treatment)

Malaria tablets can be purchased from your local pharmacy