

# Pike View Medical Centre

---

## TRAVEL CLINIC AND VACCINE SERVICE

### ONE FORM TO BE COMPLETED FOR EACH PERSON REGISTERED AT THE PRACITCE AND TRAVELLING.

We offer travel advice and give the 5 common basic vaccinations. These are Hepatitis A, Typhoid, Polio, Tetanus and Diphtheria. Malaria tablets have to be purchased either over the counter at the chemist or by private prescription.

If going to a country that requires other injections such as Rabies, Cholera and Hepatitis B you will need to contact a travel clinic.

In order to give accurate advice you need let us know all the areas you will be visiting.

- We cannot offer travel advice and vaccinations unless you have booked an appointment with nurse no less than 6 weeks before departure.
- Less than 6 weeks before departure **you must** contact a travel clinic the local one is Boots at the Reebok, this is a private clinic and you will have to pay.
- Make your appointment early as the nurses clinics fill up very quickly.
- We **do not** make any exceptions to this time frame and the vaccinations that we can offer under the NHS.

**Patients must read the information on this form & complete fully the attached. Any gaps could possibly result in delay. If you have any queries, please speak to reception**

#### **Office use only**

Date form given to patient	Date:
Date returned by patient: <b>Date to be recorded in patient record</b>	Date:
Staff Name: (accepting form)	Signature:
PN sent to Nurse	
Passed to office for scanning	Date:
Date of Appointment:	Date:

## Pike View Medical Centre

---

### Patient to complete:

Patient Name:			
Address:			
Post Code:		DOB:	
Land Line:		Mobile:	

Date of Travel:		Date return to UK:	
Country visiting	Area	Length of time (weeks/days)	
Type of accommodation you will be staying in?		Hotel/with relative/other	
Purpose of travel?		Holiday/work/backpacking	

Are you on any over the counter medication (not prescribed by the Doctor) please list below :	Yes Please list below	No
Have you had vaccinations for travel before not given by this surgery	Yes Please list below	No
Have you any allergies (including previous reactions to vaccinations)?	Yes Please list below	No

### Timetable and Check list

Have I completed this questionnaire?	Yes	No
Have I returned the form?	Yes	No
Have I made an appointment in time with the nurse?	Yes	No
Date of Departure		
Date of Travel Clinic Appointment:	Date: Time: Less than 6 weeks	No – advised to contact travel clinic 01204 559115

Signature of patient: .....

Date of signing: .....