

Carronbank Medical Practice

Travel Service

If you are planning a trip abroad please fill in a pre-travel questionnaire and hand this back in to the surgery **at least 6 weeks before your date of travel**. The practice nurse will then assess your requirements and arrange any vaccination prescriptions, which will be sent to a local pharmacy and returned to the practice ready for your appointments.

Please provide an email address on the next page so that we can notify you of your vaccination requirements and to send you relevant travel advice information. Once you have received this email please make an appointment with the practice nurse who carried out your assessment. Your appointment must be no later than 2 weeks before you travel.

If you have been unable to provide us with a travel questionnaire at least 6 weeks before travel we will regrettably be unable to assist you with your travel vaccinations as it is unlikely that we can fully assess your requirements and schedule appointments at short notice. A list of private travel clinics is provided below who can offer last minute travel assessment and vaccinations if required.

We can provide some vaccinations free on the NHS:

- Tetanus, Diphtheria, Polio, Typhoid, Hepatitis A

Others are charged at the following prices:

- Rabies £60 (for course of 3 vaccines)
- Japanese B encephalitis £40 (for course of 2 vaccines)
- Hepatitis B £60 - £80 (for course of 3 or 4 vaccines)
- Meningitis ACWY £20
- tick borne encephalitis £20

Please note that payment must be made by cash or cheque after each injection.

Other charges

Malaria tablets are often required for travelling abroad and the practice nurse will advise you if you require them. There are several different types of malaria tablets and the nurse will advise you on which kind you need to take. Some of these can be purchased over the counter at the pharmacy, however, there are some which require a prescription. If you require a prescription you will be issued with a private prescription as malaria tablets are not available on the NHS. You will not be charged by the practice for the issue of the private prescription but you will have to pay the pharmacist the full cost of the medication.

Private travel clinics

Ochilview Travel Clinic, Camelon	01324 631255
Gecko Travel Clinic, Stirling University	01786 845542 or 07769 172357
Campus Travel Clinic, Stirling University	01786 463303
Emcare Travel Clinic, Glasgow	0141 404 0075
The Travel Clinic, Paisley	0141 889 7656
Brownlee Travel Clinic, Gartnavel	0141 300 1130
Masta Travel Clinic, Glasgow	0330 100 4179
Masta Travel Clinic, Edinburgh	0330 100 4169
Edinburgh Travel Health Clinic	0131 667 1030
Adventure Travel Clinic, Edinburgh	0131 561 1945

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Please complete this form as accurately as possible and provide contact details

Please use a separate form for each person

Travel information available at www.fitfortravel.nhs.uk

Name	
Date of Birth	
Address	
Daytime phone number	
Mobile phone number	
Email address	

Travel details										
Date of departure	D	D	M	M	Y	Y	Total duration of trip	Months	Weeks	days
Countries/areas to be visited, including any stopovers. Please also include resort names.								Duration		

Details of trip (please tick all that apply)									
Type of trip					Areas visited			Accommodation	
Package holiday	<input type="checkbox"/>	Immigration	<input type="checkbox"/>	Voluntary/charity work	<input type="checkbox"/>	Urban	<input type="checkbox"/>	Good	<input type="checkbox"/>
All inclusive	<input type="checkbox"/>								
Cruise	<input type="checkbox"/>	Organised adventure	<input type="checkbox"/>	Elective/student	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Basic	<input type="checkbox"/>
Business <3mths	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Aid work	<input type="checkbox"/>	Altitude >3000m	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Business >3mths	<input type="checkbox"/>	Visiting family/friends	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Beach	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Additional information (including work/activities)									

Other information	Yes	No
Will you ever be more than 24 hours from medical help?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Female only – is there any possibility that you could be pregnant? If so, how many weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Female only – are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any known illnesses or medical conditions (e.g. heart, kidney problems or asthma etc)? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any immunisations out with your medical practice which may not be in your medical records? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that the above information is complete and accurate and I consent to receive information via email (please sign and date)	
Date	Signature of patient (or parent/guardian)

<i>For Admin use only:</i>