



Helix Medical Centre

Herts & Essex Hospital, Cavell Drive, Haymeads Lane
Bishops Stortford, Hertfordshire, CM23 5JH.
Tel: 01279 594450

TRAVEL VACCINATION ASSESSMENT FORM

If you are going on holiday & require immunisations, it is important that you take responsibility for your vaccinations, please read the details below & contact our Reception Team if you require further information:

We ask that you complete this Travel Form & forward it to the Reception Team at least 8 weeks prior to your travel date. Our reception team will date stamp this form to confirm the date it was received by us; our Nurse can then assess your requirements, offer advice & vaccinate if applicable.

An appointment with us is dependent on you providing sufficient notice as requested to ensure we are able to obtain the required vaccinations in time from our suppliers. National supply shortages or late form submissions can result in patients needing to obtain vaccinations at a private clinic, whereby you can discuss the relevant fees / charges relating to your chosen travel destination.

We do not use emergency appointments for travel vaccinations. If you are booking a last minute / late deal holiday or have not submitted your forms at least 8 weeks prior to travel, we cannot guarantee offering vaccinations, especially as some travel health requirements have longer lead times. If you make use of last minute / late deals, we suggest you keep your travel vaccinations up to date.

*An appointment & relevant immunisation will be offered to patients who are travelling – however it will be within a reasonable & clinically deemed appropriate timescale. **Failure to follow the surgery protocol may result in the Nurse being unable to provide travel vaccinations.***

For further travel advice patients can view:

Travel Health Pro: <https://travelhealthpro.org.uk/countries>
NHS Fit For Travel: <https://www.fitfortravel.nhs.uk/destinations>

| Personal Details | | | |
|--|---|--|-----------------|
| Name: | | DOB: | |
| Address: | | | |
| Email: | | Telephone No: | |
| Trip Details | | | |
| Departure Date: | | Total length of trip: | |
| Return Date: | | | |
| Countries to be visited: | Region: | City or Rural? | Length of stay: |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY | | | |
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Staying in hotel | <input type="checkbox"/> Backpacking | |
| <input type="checkbox"/> Business trip | <input type="checkbox"/> Cruise | <input type="checkbox"/> Camping / Hostels | |
| <input type="checkbox"/> Expatriate / Long term | <input type="checkbox"/> Safari | <input type="checkbox"/> Adventure / Gap Year | |
| <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Diving | <input type="checkbox"/> Aid Work / Emergency Response | |
| <input type="checkbox"/> Healthcare worker | <input type="checkbox"/> Medical tourism | <input type="checkbox"/> Visiting friends / Family | |
| <input type="checkbox"/> Charity / Volunteer | | | |



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| Please supply details of your personal medical history | | | |
|--|-----|----|---------|
| | Yes | No | Details |
| Are you fit and well currently? | | | |
| Any allergies including food, latex, medication? | | | |
| Any severe reaction to a vaccine before? | | | |
| Tendency to faint with injections? | | | |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed? | | | |
| Recent chemotherapy/radiotherapy/organ transplant? | | | |
| Anaemia? | | | |
| Bleeding /clotting disorders? (including history of DVT) | | | |
| Heart disease (e.g. angina, high blood pressure)? | | | |
| Diabetes? | | | |
| Disability? | | | |
| Epilepsy / Seizures? | | | |
| Gastrointestinal (stomach) complaints? | | | |
| Liver and or kidney problems? | | | |
| HIV/AIDS? | | | |
| Immune system condition? | | | |
| Mental health issues? (including anxiety, depression) | | | |
| Neurological (nervous system) illness? | | | |
| Respiratory (lung) disease? | | | |
| Spleen problems? | | | |
| Any other conditions? | | | |

| Women Only | | | |
|--|--|--|--|
| Are you pregnant? | | | |
| Are you breast feeding? | | | |
| Are you planning pregnancy while away? | | | |
| Have you undergone FGM / been cut / circumcised? | | | |



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| |
|---|
| Any additional information? please provide details below |
| |



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| NHS Travel Vaccinations Review - Nurse to complete | |
|--|----------------------------|
| Appointment required at Helix Medical Centre | Yes / No |
| Appointment time required | minutes |
| NHS Travel Vaccines recommended by Nurse | 1. 2. 3. 4. 5. |
| Private Travel Vaccinations - Nurse to complete | |
| Appointment required at Private Clinic | Yes / No |
| Private Travel Vaccines recommended | 1. 2. 3. 4. 5. |
| Nurse Initials: | Date form assessed: |
| Admin team to complete | |
| Patient contacted by reception team & appointment booked | Yes / No |
| Date of appointment at Helix Medical Centre | |
| Patient advised to attend private travel clinic if applicable | Yes / No |
| Staff Member initials & Date | |
| Comments if applicable | |
| Once above completed by admin team, travel form to be scanned to patient record & original shredded. | |