

# ST PAUL'S MEDICAL CENTRE

## TRAVEL ADVICE SHEET



Travelling abroad? We want to ensure your trip is as healthy as possible. Please follow these guidelines when using our travel health services.

- 1. Plan ahead!** – Vaccinations can take time to become effective, and if possible you should have them at least 8 weeks before your trip.
- 2.** Complete the attached **travel form** (one for each person travelling) and return it to the Medical Centre as soon as possible. The nurse will use this to check which vaccinations you need.
- 3.** Contact us about a week later to see which vaccinations you need (if any) and if you need to book one or more **appointments** to have them.
- 4.** Some travel vaccinations are available on the NHS, but some are not. Please ensure you bring a means of payment (cash or cheque with guarantee card) for any non-NHS vaccinations or private prescriptions you need when you attend.



*Anti-malarial tablets can be purchased directly from pharmacies, usually without a prescription from the doctor.*

*If you do need prescription-only anti-malarial tablets, we charge for the private prescription, and the pharmacist charges separately for the tablets.*

### Private Prescriptions

If you wish to take medications, other than your usual repeat prescription items, away with you 'just in case', for example for upset stomachs or swollen legs after a long flight, you may be able to buy everything you need from your pharmacist without a prescription.

If you do need a prescription for travel medicines, however, we will charge for the prescription, and the pharmacist will charge separately for the medications.

Remember to tell us if you have any allergies, or are taking any medications including the oral contraceptive pill.

**ST PAUL'S MEDICAL CENTRE  
Travel Health Information Form**

PERSONAL DETAILS					
<b>SURNAME</b>		<b>D.O.B.</b>		<b>G.P.</b>	
<b>FORENAME</b>				<b>TEL</b>	
<b>ADDRESS</b>					

YOUR TRIP	
<b>DEPARTURE DATE</b>	<b>RETURN DATE</b>
<b>DESTINATION(s) – countries/regions/cities</b>	
<b>STOP-OVER(s) – where and for how long</b>	
<b>REASON FOR TRIP – work or holiday</b>	
<b>TYPE OF TRIP: hotel/cruise/local community/rural/tourist areas/cities/other</b> (delete any not applicable)	
<b>WILL YOU BE BACKPACKING/SLEEPING ROUGH?</b>	<b>YES/NO</b>
<b>WILL YOU BE MORE THAN 24 HOURS FROM MEDICAL AID?</b>	<b>YES/NO</b>
<b>WILL YOU BE DEALING WITH SICK REFUGEES OR ANIMALS?</b>	<b>YES/NO</b>

YOUR HEALTH	
Medical conditions requiring regular supervision/medication.	
Medications you currently take (including those you buy)	
Allergies, including reactions to any vaccinations.	
Have you ever taken medication for epilepsy?	<b>YES/NO If yes, when was this?</b>
Have you ever suffered from depression?	<b>YES/NO If yes, when was this?</b>
Have you ever taken steroids?	<b>YES CURRENTLY / YES PREVIOUSLY / NO. If yes previously, when was this?</b>
Have you had a joint injection in the last 3 months?	<b>YES/NO</b>
Are you pregnant/planning to become pregnant within 3 months of your trip?	<b>YES CURRENTLY PREGNANT / YES PLANNING PREGNANCY / NO</b>

**I confirm that the above information is correct to the best of my knowledge and request the appropriate vaccinations for my trip, together with advice about anti-malarial drugs if recommended.**

**I understand that there is a charge for certain vaccinations and private prescriptions, and that I will be expected to bring payment (cash or cheque with guarantee card) on the day of my vaccinations. Payment will be made prior to treatment.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Remember to tell us if you have any allergies, or are taking any medications including the oral contraceptive pill.