**Hollies Medical Centre**

**TRAVEL VACCINATION SERVICE**

Planning to travel outside of UK, please organise thoroughly and read information at [Travel vaccinations - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/travel-vaccinations/) to ensure you are prepared and travelling safely.

**Our travel service is now limited to provision of information and vaccination of NHS FUNDED VACCINATIONS only, see table below for those included.**

|  |  |  |
| --- | --- | --- |
| **VACCINATION** | **COURSE** | **WHEN TO BOOST- general principles and comments** |
| HEPATITIS A vaccine | 2 dose schedule of hepatitis A vaccine should be given at day 0 and then 6 to 12 months. | A course does not need to be restarted. Protection is expected for 25 years from the second dose. |
| TYPHOID vaccine | Single dose. | 3 years. |
| TETANUS, POLIO & low dose DIPTHERIA vaccine | Primary Course of x3 doses 4weeks apart.  First booster: Preferably 5 years following completion of primary course Second booster: Ideally 10 years (minimum 5 years) following first booster. | 10 years if risk at destination and risk of immunoglobulin not being available. |
| CHOLERA vaccine | 2 doses, minimum 1 wk. and maximum 6 weeks apart, given to those from 6yrs of age. 3 doses given in those 2 – 6yrs old. | 6 months when given to those aged 2 – 6yrs 2yrs in those aged 6yrs to adult age.  **NBM 1 hr before & after vaccine** |

**For provision of NHS FUNDED VACCINATIONS we require all completed travel forms a minimum of 8 weeks before your date of departure and wish to inform you that we are unable to offer travel appointments inside of this time.**

* Following receipt of your form the information provided will be assessed by a nurse. Your medical records will be accessed to review your past immunisations status, medical history and identify any required NHS funded vaccinations. The site we use to check vaccination requirements is [NaTHNaC - Home (travelhealthpro.org.uk)](https://travelhealthpro.org.uk/).
* Following the background checks specific to your trip, you will receive a message asking you to book a face to face appointment for any NHS funded vaccinations you require or to tell you that no NHS funded vaccinations are required for your trip.

**Travel Requirements Outside of NHS & Surgery Provision**

* For information on Non-NHS funded vaccinations, Malaria and all other travel related information you will need to access a private travel service.
* Alternative Travel services can be found by searching ‘Travel clinics Sheffield’.
* Please be aware that costs and service can vary when choosing your alternative travel service.
* You can check any digitally recorded vaccinations through our online service SystmOnline or there Airmid App on your smart device. If you require further vaccination information, please contact the surgery for advice.

Other useful travel information can be found at [Travel Health Advice Leaflet (janechiodini.co.uk)](https://www.janechiodini.co.uk/wp-content/uploads/2023/08/4.-General-Travel-advice-leaflet-updated-August-2023-.pdf)

**Have a good, safe and healthy trip!**

Yours Sincerely,

The Hollies Team

**TRAVEL VACCINATION ASSESSMENT FORM**

Section 1

*To be completed by traveler prior to appointment.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | | Date of birth: | |
| Male □ Female □ | |
| E mail: | | | Telephone number:  Mobile number: | |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | |
| Date of departure: | | Duration of Trip: | | |
| **COUNTRY TO BE VISITED**  **EXACT LOCATION OR REGION** | **TYPE OF HOLIDAY (e.g. Business, Backpacking, Friends & Family.)** | | | **ACCOMODATION** |
| 1. |  | | |  |
| 2. |  | | |  |
| 3. |  | | |  |
| 4. |  | | |  |
| 5. |  | | |  |
| **We cannot consult on any country not included on the submitted travel form, full information is required in advance of the travel consultation.** | | | | |

Section 2 - *To be completed by Nurse.*

Nurse completing Triage:

Date of Triage:

|  |  |  |  |
| --- | --- | --- | --- |
| **NHS FUNDED VACCINATION** | **VACCINE HISTORY** | **VACCINE ADVISED or TO BE CONSIDERED** | **COURSE REQUIRED** |
| HEPATITIS A vaccine |  |  |  |
| TYPHOID vaccine |  |  |  |
| TETANUS, POLIO & low dose DIPTHERIA vaccine |  |  |  |
| CHOLERA vaccine |  |  |  |

Message to patient sent: Yes/No

Filed for Scanning into Records: Yes/No