

# The Downland Practice

## Travel Health Advice for patients

**Please be advised we do not offer FULL PRIVATE TRAVEL SERVICE AT The Downland Practice. We continue to offer basic advice and public health vaccinations in the with current Public Health England guidance.**

- 1) WE WILL ENDEAVOUR TO ACCOMMODATE YOUR REQUEST BUT MAY BE UNABLE TO OFFER YOU A CONSULTATION IF YOU ARE TRAVELLING WITHIN 8 WEEKS.
- 2) WE REQUIRE A MINIMUM OF 10 WORKING DAYS TO PROCESS THIS FORM.
- 3) IF YOU ARE ADVISED TO SEEK ADDITIONAL VACCINATIONS NOT AVAILABLE FREE OFF CHARGE ON THE NHS THE FOLLOWING INFORMATION WILL BE HELPFUL

### **MASTA Travel** [www.masta-travel-health.com](http://www.masta-travel-health.com)

Our Customer Services Team is available on [0330 100 4200](tel:03301004200) or be emailing [enquiries@masta.org](mailto:enquiries@masta.org) Our Office Hours are 09:00 - 17:00 Mon-Fri  
Outside of these hours, please send us an email by using the contact form or the email address above, and one of the team will be in touch.

### **Superdrug Health Clinic** [Travel vaccinations - Superdrug Health Clinic](#)

### **Boots Travel** [Travel Vaccinations & Health Advice Service - Boots](#)

Refer to [www.fitfortavel.nhs.uk](http://www.fitfortavel.nhs.uk) and [www.nathnac.net](http://www.nathnac.net) PRIOR to your consultation.

Having an awareness off all the travel health problems you may be at risk from on your trip, prior to your appointment is essential.

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## Travel risk assessment form

We need to perform a risk assessment before confirming which vaccines are recommended for your trip.

PERSONAL DETAILS			
Name	D.O.B	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Easiest contact telephone number			
E-mail			
DATES OF TRIP This <b><i>MUST</i></b> be at least 8 weeks ahead			
Date of departure			
Return date or overall length of trip			
ITINERARY AND PURPOSE OF VISIT			
Countries to be visited	Length of stay	Away from medical help at destination, if so, how remote?	
1.			
2.			
3.			
PLEASE TICK AS APPROPRIATE BELOW TO BEST DESCRIBE YOUR TRIP			
1. Type of trip	Business <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Other <input type="checkbox"/>
	Volunteer <input type="checkbox"/>	Emigration <input type="checkbox"/>	
2. Holiday type	Package <input type="checkbox"/>	Self organised <input type="checkbox"/>	Backpacking <input type="checkbox"/>
	Camping <input type="checkbox"/>	Cruise Ship <input type="checkbox"/>	Trekking <input type="checkbox"/>
PERSONAL MEDICAL HISTORY			
<i>Women Only:</i> Are you pregnant, planning a pregnancy or breastfeeding?			
VACCINATION HISTORY – IF <b><i>NOT</i></b> RECEIVED HERE AT THE PRACTICE			
Have you ever had any of the following vaccinations/malaria tablets and if so when?			
Tetanus		Polio	
		Diphtheria	
Typhoid		Hepatitis A	
		Hepatitis B	
Meningitis		Yellow Fever	
		Influenza	
Rabies		Jap B Enceph	
		Tick Borne	
Other			
Malaria Tablets			