

**Pre-Travel Health Record
The Family Practices**

Name	Date:
Address	Tel: Mobile: Email
Medical History	Current Health History
Allergies:	Current Medications:
Last Menstrual Period:	Breast Feeding: yes/no
Destination (s):	Purpose of planned travel and intended activities:
Date of intended travel and duration:	Transport Mode:
Previous vaccinations if any:	Any adverse effect from these vaccinations? If yes please describe:
	Please turn over

TRAVEL APPTS – When you have completed the form please hand the form to the receptionist – At the same time please book your DOUBLE appointment with the Practice Nurse. Ideally your appointment needs to be booked 4-6 weeks prior to travelling

There is a charge for some travel vaccines as per the table below

Hepatitis B for a course of 3	£94
Hepatitis B single vaccination	£34
Meningitis ACWY	£60
Typhoid	No charge
HEP A	No charge
Private Prescription (the cost of the drugs will be paid to the chemist)	£12

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0161 426 9797**