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**PRE-TRAVEL INFORMATION**  
**PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE**

The Travel clinic incurs a fee of £25 administration cost payable before attending the clinic. This fee covers time checking vaccination history and destination requirements. You will also receive a vaccination record card and relevant literature.

Please state preferred method of communication so the travel nurse can contact you during working hours to discuss requirements.

Please complete the attached form giving as much information as possible, especially about any previous vaccinations and their dates given.

The following vaccinations are available on NHS prescriptions:

- Hepatitis A, Hepatitis A & B, Typhoid, Polio/Tetanus/Diphtheria and Cholera.

The following vaccinations are private prescriptions only, incurring £13 cost to the surgery and full cost of the vaccine to the Pharmacy:

- Hepatitis B, Meningitis ACWY, Rabies, Japanese B Encephalitis and Tick-Borne Encephalitis

Prescriptions for the vaccines will be sent to Vantage Pharmacy, at the entrance of the Hospital, for collection immediately prior to your appointment. This reduces the time the vaccine is out of the fridge.

If Yellow Fever vaccination is required, you will need to contact one of the designated Yellow Fever Centres in the St Andrews Community Hospital:

- Feddinch Medical Practice – 01334 476840
- Strathcairn Medical Practice – 01334 473441

Please check out the following website before attending your appointment:

[www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk)

December 2009

## PRE-TRAVEL PERSONAL INFORMATION

**Please return completed form 6 - 8 weeks prior to travel if possible**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact No. & E-MAIL \_\_\_\_\_

Destinations & length of stay for each place \_\_\_\_\_

\_\_\_\_\_ Date leaving \_\_\_\_\_

Type of holiday: Business  
(Give brief detail) Hotel  
Local people  
Safari  
Camping  
Backpacking  
Activities i.e. sports, climbing \_\_\_\_\_

### PLEASE SUPPLY DETAILS TO THE FOLLOWING:

1. Previous immunisations and dates given
2. Any long standing or current health problems i.e. Psychiatric, Asthma
3. Previous faints, seizures, fits or epilepsy
4. Current medication
5. Previous or current Steroid, Anti-cancer therapy or Immunosuppressant medication
6. Previous adverse reaction to vaccinations or anti-malarial drugs – please specify
7. Allergy to any medication
8. Allergy to eggs or chicken
9. Pregnant or planning pregnancy / breast feeding

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