

Walton Pharmacy Pre-Travel Risk Assessment form (Individual)

Special risk identifiers are highlighted in BOLD and *ITALICS*

TRAVEL HEALTH MALARIA/VACCINATION SCREENING FORM - INDIVIDUAL

Process to obtain malaria chemoprophylaxis and/or travel vaccination.

Please complete this Screening Form by entering your personal details and answer all the questions. This will be used by the Pharmacist to assess your suitability for this service. *Please ask the Pharmacist if you need help answering any of the questions.*

If you have received a vaccination, please remain within the pharmacy for ten minutes. If you feel unwell during this time, inform any member of staff or return to the pharmacy for advice. In the rare event of any serious reactions occurring after your vaccination, contact your medical practitioner or emergency services. Before you fill out the form, take some time to read all the information contained below about the benefits of travel vaccinations and also some of the possible side-effects

Customer Information

The vaccine will be injected into your upper arm and it will take between 10-21 days before protection depending on the individual vaccine. The requirement for any further vaccinations or appointments will be advised by the pharmacist.

Some people experience side effects after injections. These are usually not serious, of short duration, and will disappear after a few days. Side-effects can include fever, feeling unwell, shivering, tiredness, headache, sweating, muscle and joint pain and skin reactions such as redness, swelling, pain, bruising and hardening of the skin at the injection site.

Rare reactions include nerve pain and inflammation, numbness, tingling, fits, thrombocytopaenia (a blood disorder), vasculitis (inflammation of the blood vessels) and rare nerve disorders.

Very rarely, allergic reactions can occur, which may be serious and require immediate medical intervention. After you have been vaccinated, we recommend you inform your GP that you have been vaccinated using the form that the Pharmacist will give you. This will allow your surgery to update your medical records. Some travel vaccinations are provided free under the NHS and informing your GP will avoid potential duplication.

Name		Address / Email			
Age (D.o.B)	Weight	Tel.no.	GP Details		
Travel details					
<i>Date of departure</i>					
<i>Country</i>	<i>Region</i>	<i>Length of stay</i>	<i>Rural</i>	<i>Urban</i>	<i>Altitude</i>
1.					
2.					
3.					
4.					
5.					
6.					

<i>Purpose of trip</i>	<i>(Tick all that apply)</i>		
<i>Type of trip</i>	<i>Business</i>	<i>Tourist/pleasure</i>	<i>Medical tourism</i>
	<i>Healthcare worker</i>	<i>Pilgrimage</i>	<i>Long term – expatriates/work/charity</i>
	<i>Visiting friends or family</i>	<i>Other (specify)</i>	
<i>Accommodation</i>	<i>Hotel</i>	<i>Relatives/familyhome</i>	<i>Other (specify)</i>
	<i>Cruise ship</i>	<i>Camping</i>	
<i>Travelling</i>	<i>Alone</i>	<i>Family/friends</i>	<i>With an organised group</i>
	<i>Flying</i>	<i>Train</i>	<i>Local bus/car/taxi</i>
<i>Planned activities</i>	<i>Adventure</i>	<i>Backpacking</i>	<i>Diving</i>
	<i>Trekking</i>	<i>Safari</i>	<i>Other (specify)</i>
<i>Holiday type</i>	<i>Package</i>	<i>Self-organised</i>	<i>Other (specify)</i>

Walton Pharmacy Pre-Travel Risk Assessment form (Individual)

Special risk identifiers are highlighted in BOLD and *ITALICS*

Do you take any medicines/pills? (Prescribed/self-treatment/over-the-counter/contraceptive pill)

Yes No

Do you have travel health insurance? Yes No

Please list all current medications

Do any of the following apply to you?	Yes	No	Comments
<i>Do you feel unwell, have a raised temperature or infection today?</i>			
<i>Have you ever had a reaction to a previous vaccination? (Details)</i>			
<i>Allergies (including food, latex, medication etc.)?</i>			
<i>Anaemia, bleeding, clotting disorders, previous DVT?</i>			
<i>Heart disease (e.g. angina, high blood pressure)? Diabetes?</i>			
<i>Disability?</i>			
<i>Epilepsy/seizures (or has a close family member)?</i>			
<i>Gastrointestinal (stomach) complaints?</i>			
<i>Liver problems, Kidney problems, Spleen problems?</i>			
<i>Immune system-radio/chemotherapy, steroids, HIV/AIDS?</i>			
<i>Mental health issues (including anxiety, depression)?</i>			
<i>Neurological (nervous system) illness?</i>			
<i>Respiratory (lung) disease?</i>			
<i>Rheumatology (joint) conditions?</i>			
<i>Skin problems (Psoriasis, photosensitivity, porphyria)?</i>			
<i>Any other conditions? - details</i>			
<i>WOMEN ONLY: Are you pregnant (or unsure), breastfeeding or planning pregnancy?</i>			

Full vaccination history:

Date of vaccination Name of vaccination

Walton Pharmacy Pre-Travel Risk Assessment form (Individual)

Special risk identifiers are highlighted in **BOLD** and *ITALICS*

I confirm

- I have read and understood the Travel Vaccination Service sections entitled "Process to obtain malaria chemoprophylaxis and/or travel vaccination" and "Customer information".
- The information I provided on this screening form is correct to the best of my knowledge.
- I agree to participate in the Pharmacy Travel Malaria/Vaccination Service and give permission for the Pharmacy to contact me regarding follow up vaccinations to complete either a primary course or booster vaccinations required to maintain effective immunity against possible continued exposure to disease.
- I understand some travellers may be entitled to obtain certain travel vaccinations free through the NHS. If I fall into this category, I still want to be vaccinated today and am willing to pay the vaccination service charge. I realise this cannot be refunded at a later date.
- After vaccination I am willing to inform my GP I have been vaccinated.

I understand a vaccine will only be administered if the Pharmacist believes the vaccination is appropriate.

Name of Applicant (or Legal Representative): _____

Signature: _____ Date: _____

Walton Pharmacy Pre-Travel Risk Assessment form (Individual)

Special risk identifiers are highlighted in BOLD and *ITALICS*

PHARMACIST ONLY

Risk Management

Details of resources consulted:

Malaria chemoprophylaxis options

Antimalarials		Proposed	Alternative
Atovaquone/proguanil (all brands including Malarone®)			
Mefloquine (Lariam®)			
Doxycycline 100mg hyclate			
Chloroquine			
Proguanil			
Chloroquine/Proguanil combined			
Bite avoidance only – other advice			
Insect repellent		Clothing/room spray	Mosquito net

Refer to GP/consultant or travel clinic Yes

No

Discussion checklist (tick subjects discussed or information leaflets provided)

Medically prepared	Journey risks	Environmental risks	Safety risks
Food and water-borne risks	Vector-borne risks	Sexual health	Animal bites
Skin/solar/heat protection	Blood-borne viral risks	Psychological health	Altitude risks

Available vaccines - Use Individual Consent Forms to assess requirements and previous vaccination history	Recommended	Advised
Avaxim/ Havrix / Havrix Junior Mono – Hepatitis A		
Hepatitis A and Typhoid combined		
Hepatitis B		
Hepatitis A and Hepatitis B combined		
Ixiaro – Japanese encephalitis		
Meningitis ACWY		
Meningitis B (4 component Meningitis B)		
Rabies		
Revaxis (Diphtheria/Tetanus/IPV)		
Tick-borne encephalitis		
Stamaril* (Yellow Fever)		
Typhoid injectable/oral		

* Yellow Fever Vaccination Centre registration required

Pharmacy stamp

Name of pharmacist (PRINT): _____

GPhC/PSNI number: _____

Signature: _____ Date: _____