# Nuffield Health Centre

# TRAVEL CONSENT FORM

The Nuffield Practice provides NHS vaccines for travel but are unable to provide a comprehensive travel assessment. If you are visiting more than one country, backpacking or have any significant health conditions (including pregnancy) we recommend that you seek advice from a travel clinic where more specific advice regarding other vaccines and anti-malarial requirement can be obtained by specially trained practitioners. Locally there is the [Oxford Travel Clinic](https://www.oxfordtravelclinic.co.uk/).

In order for you to determine which vaccinations you may need please visit [travelhealthpro.org.uk](https://travelhealthpro.org.uk/countries). We are only able to administer the following vaccinations:

* Hepatitis A (after 2 doses lasts 25 years)
* Typhoid (lasts 3 years)
* Combined Diphtheria, Tetanus and Polio (lasts 10 years)
* Cholera

**If you need any other vaccinations you will need to book an appointment for these at a Travel Clinic such as** [**Oxford Travel Clinic**](https://www.oxfordtravelclinic.co.uk/)**.**

|  |
| --- |
| **Personal details** |
| **Name:** | **Date of birth:** |
| **Contact telephone number:** |
| **E mail** |
| **Destination of Travel:** |
| **Dates of Travel:** |
| **Vaccinations Required: (please tick all that apply)**[ ] Hepatitis A[ ] Typhoid[ ] Diphtheria, Tetanus and Polio (combined)Cholera – Please note while this is offered on the NHS it is rarely required unless there is an outbreak in the country/countries you are visiting. Also this is **NOT** routinely kept in stock so if required it will need to be ordered in. Please tick the box and inform Reception when booking your appointment if you require this vaccination [ ] .  |
| Please read the following information carefully and answer all that apply.  **Contraindications (we will not be able to give contraindicated vaccines)**

|  |  |
| --- | --- |
| Do you have a known allergy to a component of one of the 4 vaccinations listed above | Yes/No |
| Have you had Serious reaction to any of the vaccines listed above when given before | Yes/No |

**Please note: If you have answered yes to either of the above you will not be able to have the vaccinations.** [ ] I confirm I’ve read and completed the table above and have no contraindications to the vaccines listed above. **Cautions (this is useful information for the vaccinator and does not necessarily mean you will not receive the vaccine)**

|  |  |
| --- | --- |
| Are you pregnant? | Yes/No |
| Any other allergies?  | Yes/NoIf yes please list: |
| Serious reaction to another vaccine in the past | Yes/No |

**Please use the following link to read about potential side-effects from the vaccines you are requesting** [**Possible Side effects from Vaccines | CDC**](https://www.cdc.gov/vaccines/vac-gen/side-effects.htm)**.** [ ]  I’ve read the information on the risks and benefits of the vaccines that I have requested. I consent to the vaccines being given. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ |
| **Please note: You must bring this form to your appointment; you will not be able to have the vaccination/s without it.** |