

TRAVEL VACCINATION FORM

Name:	Date of Birth:
	<input type="checkbox"/> Male <input type="checkbox"/> Female

Mobile Number:	Telephone Number:
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PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure:	Total length of trip:
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COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	LENGTH OF STAY
1		
2		
3		

Do you plan to travel abroad again in the future? (give dates if known?)
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TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY

<input type="checkbox"/> Holiday	<input type="checkbox"/> Backpacking	<input type="checkbox"/> Cruise ship trip
<input type="checkbox"/> Business trip	<input type="checkbox"/> Camping/hostels	<input type="checkbox"/> Visiting friends/family
<input type="checkbox"/> Staying in a hotel	<input type="checkbox"/> Safari	<input type="checkbox"/> Pilgrimage
<input type="checkbox"/> Other Please Specify		
<input type="checkbox"/> Planned activity/ trips ?		

Women Only

Are you Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you Breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Office Use only

<input type="checkbox"/> Appointment Required	Month	
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Please complete this form and return it AT LEAST 4 weeks before you travel. We will accept forms 6 months in advance for travel that is pre booked. Failure to complete and return this form at least 4 weeks prior to travel will result in you having to locate a private travel clinic

Our Travel health service is not just about administering vaccinations, we are also obliged to discuss other issues to keep you and your family healthy while you are away. This form is designed for us to be able to provide our patients with up to date travel advice that is appropriate to their needs.

Some vaccinations that are required are given as a course over several weeks, it is therefore important that this form is completed and returned to the surgery to allow our nurses to identify your needs before you attend for your appointment.

If you would like more information regarding what vaccinations you are likely to need please see the following website: www.fitfortravel.nhs.uk

Vaccination Costs

Vaccination costs apply to some vaccinations but not all (See below for details).

For vaccines which are chargeable, there will be a £10 administration fee per individual vaccination. You will be advised of the full cost before you attend and would be expected to pay in full before your appointment.

Vaccine	Number of doses required	Charge
Hepatitis A	1- 2	Free
Typhoid	1	Free
Tetanus, Diphtheria and Polio	1 or a course of 3	Free
Hepatitis B	3-4	Approx £20 per dose
Meningitis ACWY	1	Approx £40 per dose- including certificate
Rabies	3	Approx £50 per dose
Japanese Encephalitis	2	Approx £80 per dose
Tick-bourne Encephalitis	3	Approx £43 per dose
Private prescription for antimalarials	Dependant on length of stay	£18.00 (There will also be a charge at the pharmacy for the actual price of tablets)
Yellow Fever	Not given at Surgery please see the following website for Yellow Fever Centres near you: https://nathnacyfzone.org.uk/search-centres	