



Dear Patient

Travel Vaccinations

Attached to this note you will find our Travel Health Assessment Form, which we require to be completed prior to any travel vaccinations being given.

We have found, from many years of giving travel vaccinations that obtaining from you as much information as possible in advance of an appointment ensures we can plan for you to undertake the appropriate course of vaccines in a timely fashion.

Once you have completed the form, please hand it into Reception who will make you a 15 minute appointment with a Practice Nurse.

At that appointment the Nurse will either:

- Review your form, and give you the appropriate vaccine(s). This will usually be where your requirements are uncomplicated.
- Or
- Review your form, discuss with you the vaccines required and agree a timetable for the vaccinations to be given.

You should also note that many vaccinations are not provided by the NHS and accordingly a fee may be payable. The nurse will advise you about this, and will as part of the consultation provide you with a form detailing the vaccinations you will require and the cost involved (see example below)

We require full payment in advance of the course of vaccinations, either by cash or cheque. We do not accept credit or debit cards. Our Reception staff will collect your payment and arrange your appointments.

Please note that where a vaccine charge applies it is applicable to all patients irrespective of age.

Should you have any queries regarding the foregoing please discuss with our Reception staff initially.

Wendy Green
Lead Practice Nurse



KING EDWARD ROAD SURGERY

KING EDWARD ROAD SURGERY – PRE TRAVEL HEALTH ASSESSMENT FORM

NAME IN FULL	DATE OF BIRTH		
	AGE		
ADDRESS	MALE		FEMALE
	TELEPHONE		
	EMAIL ADDRESS		

DETAILS OF TRIP

DATE OF DEPARTURE	LENGTH OF STAY	OVERALL LENGTH OF TRIP
COUNTRIES TO BE VISITED	LENGTH OF STAY	AWAY FROM MEDICAL HELP?
1.		
2.		
3.		
FUTURE PLANS		

PLEASE TICK AS MANY BOXES AS APPROPRIATE TO BEST DESCRIBE YOUR TRIP

Business		Pleasure		Other	
Package holiday		Self organised		Backpacking	
Camping holiday		Cruise ship		Trekking	
ACCOMODATION TYPES					
Hotel		Relatives/family home		Other	
AREA DESCRIPTION					
Urban		Rural		Jungle	
PLANNED ACTIVITES					
Safari		Adventure		Other	
ARE YOU TRAVELLING ALONE					
Alone		With Family/friend		In a group	

PERSONAL MEDICAL HISTORY – PLEASE ANSWER ALL QUESTIONS WITH AS MUCH DETAIL AS POSSIBLE

Do you have any recent or past medical history of note (e.g diabetes, heart or lung conditions etc)
Do you have any allergies (e.g. to eggs, antibiotics nuts etc)
Have you every had a serious reaction to a vaccine given to you?
Does an injection make you feel faint?
Do you or any members of your family have epilepsy?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment
WOMEN ONLY Are you pregnant or breast feeding?
List any repeat medication you are taking

PLEASE NOTE APPOINTMENTS ARE EITHER 15 or 30 MINUTES PER PATIENT



KING EDWARD ROAD SURGERY

Any other relevant information

VACCINATION HISTORY

Have you ever had any of the following vaccinations/malaria tablets and if so when

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

YOU WILL BE ASKED TO SIGN THE FOLLOWING STATEMENT OF CONSENT

I have no reason to think I am or may be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I give my consent to the vaccines being given.

Signed

Dated

If signing on behalf of a child please state name and relationship

FOR SURGERY USE ONLY

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP

Disease protection needed	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese Encephalitis			
Other			

TRAVEL ADVICE GIVEN/LEAFLETS GIVEN AS PER TRAVEL PROTOCOL

Food /water/personal hygiene		Travellers' diarrhoea		Accidents	
Insect bite protection		Animal bites		Insurance	
Air travel		Sun/heat protection		Other	
Travel record card supplied		Sexual health			

MALARIA PREVENTION ADVICE AND MALARIA CHEMOPROPHYLAXIS

Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycline		Malaria advice leaflet	
Weight of child			

SIGNED	POSITIONS	DATE
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KING EDWARD ROAD SURGERY

Patient Name: _____

LIST OF VACCINATIONS REQUIRING PAYMENT

Vaccine name/number of doses	Cost of vaccine	Payment required
Hepatitis B Adult Course of 3 injections	£132.50	
Hepatitis B Paediatric Course of 3 injections	£132.50	
Meningitis ACWY Course of 1 injection	£57.50	
Rabies Course of 3 injections	£163.00	
Japanese Encephalitis Course of 2 injections	£157.00	
Tick-bourne Encephalitis Course of 3 injections	£210.00	
Yellow Fever Course 1 injection	£59.50	

LIST OF MALARIA DRUGS

Drug	Cost of Prescription	Cost from Surgery	Payment Required
Malarone	£15.00	£39.00 per pkt 12	
Doxycyline	£15.00	N/A	
Mefloquine	£15.00	N/A	
Proguanil	Free	N/A	
Chloroquine	Free	N/A	

Total Cost

Length of Appointment needed

15mins

30 mins

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