



## **Travel Form**

In order for us to offer you a reliable and efficient service, please take time to read the following information and complete the travel information form.

**If appointments are not available, or you are within 8 weeks of your travel date, you will be advised of alternative private travel clinics.**

Not all travel vaccines are available free on the NHS - see over the page for our charges. If payment is due then it must be made prior to any vaccinations being given. At present we can only accept **cheques or cash** so please bring a means of payment to your first appointment.

Please ensure you fill out the Travel Form and where possible advise us of any other vaccines you may have been given elsewhere. It is your responsibility to complete this form as fully and accurately as possible as any advice given will be based on the information you include.

If you subsequently need to change or add further information we reserve the right to charge extra fees (*minimum £24.00 incl. VAT*) for the additional work/consultation time.

You will need to allow a minimum of 6 weeks prior to your departure to obtain our travel services. We will then do our best to provide an appointment convenient to you for the consultation. You should allow 20-30 minutes for this travel consultation. This will be subject to available nurse appointments as healthcare appointments will always take priority over travel services.

Please note if you miss a booked travel appointment you will be charged a missed appointment fee of £24.00 incl. VAT as this is a private service.

For more information, see our travel display in the waiting area and help yourself to information leaflets on vaccinations and travel.

Please take the time to look at the National Travel Health Network and Centre website at [www.nathnac.org/travel/index.htm](http://www.nathnac.org/travel/index.htm) for vaccinations that you may need to consider.

**Once you have completed your form you need to bring it in to the surgery.**

**The nurse will then review your records and a text message will be sent to your mobile informing you of any vaccinations required. They will also inform you if an appointment is needed**



## TRAVEL CHARGES as of June 2019

### Public Health vaccinations

#### **Hepatitis A or Typhoid or Diphtheria/Tetanus/Polio**

Free for patients registered under the NHS with this practice.

#### **Cholera**

The practice will issue a prescription on the NHS for you to obtain the vaccine from the pharmacy (for the usual NHS prescription fee) then the practice can give you the vaccination free under the NHS.

### Private vaccinations

#### **Hepatitis B**

Total charge for a 3 dose course (payable in advance) £89.00

Total charge for a single booster £30.00

#### **Yellow Fever, Rabies & Japanese Encephalitis**

We are no longer able to give Yellow Fever, Rabies or Japanese Encephalitis vaccinations. Please arrange to visit a private clinic elsewhere or your local pharmacy if they offer this service.

### Public Health Vaccinations for privately registered patients

*If you are registered with the practice as a private patient there is a charge per dose for these vaccinations which covers the cost of the vaccine as well as administration and practice nurse time* £40.00

#### **Other travel costs:**

Fitness to travel letter/certificate £20.00 + £4.00 VAT £24.00

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Holiday cancellation insurance claim £30.00

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Charge for a private prescription £20.00

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**Missed travel vaccination appointment £20.00 + £4.00**



## Travellers

If you are travelling in less than 8 weeks or have a complex itinerary please contact your local pharmacy.

Travelling with more than 6 weeks to go.

Fill in travel form and hand in to reception

Visit [www.nathnac.org.uk](http://www.nathnac.org.uk) and [www.fco.gov.uk](http://www.fco.gov.uk) for further advice

Contact reception after **1 week** to see if any immunisations are recommended.

Make appointments for vaccinations as necessary.

**Please note – we put our NHS work first  
If we do not have available appointments  
in time for you to travel  
we will advise you to go to a  
private travel health clinic**

## Travel Risk Assessment Form

Name..... Tel no.....

Date of Birth..... Male/Female.....

Dates of travel .....

**Disclaimer : Please note that advice given is based on the details you give on this form.  
It is your responsibility to give all relevant information.**

Country and area to be visited	Length of stay	Away from medical help at destination? If so, how remote?

**Please circle the descriptions that best describe your trip**

<b>1. Type of trip</b>	Business	Pleasure	Other
<b>2. Holiday type</b>	Package	Self organised	Backpacking
	Camping	Cruise ship	Trekking
<b>3. Accommodation</b>	Hotel	Relatives/Family home	Other
<b>4. Travelling</b>	Alone	With Family/Friend	In a group
<b>5. Staying in an area which is</b>	Urban	Rural	Altitude
<b>6. Planned activities</b>	Safari	Adventure	Other

### Personal Medical History

Do you have any allergies for example to eggs, antibiotics, nuts?.....

Have you ever had a serious reaction to a vaccine given to you before?.....

Do you or any close family members have epilepsy?.....

Do you have any history of mental illness including depression or anxiety?.....

Have you recently undergone radiotherapy, chemotherapy or steroid treatment/immune-compromised? Circle: **YES / NO**

Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?.....

Vaccinations received previously (if known).....

Please give any information that may be relevant including any future travel plans:

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**Women only:** I have no reason to think I may be pregnant and am not planning a pregnancy or breast feeding. **True / False**

**Everyone:** The information given on this form is accurate and complete to the best of my knowledge. **True / False**