

CHURCH STREET PRACTICE PRE-TRAVEL INFORMATION/QUESTIONNAIRE

INTRODUCTION

Please contact the practice for travel advice at least 6 weeks prior to departure for 'package holidays' and 3 months prior to travel for complex itineraries or multiple/remote destinations.

If it is less than 1 month prior to your departure you may be asked to contact a Travel Health Clinic rather than be offered an appointment in this Practice. You are welcome to request a copy of your vaccination history to take with you.

Please complete this form and bring to your travel appointment with the Practice Nurse this will assist them in providing the correct travel advice/vaccinations in advance of your journey with the aim of helping you to keep yourself healthy

We would suggest that you look at <https://travelhealthpro.org.uk/countries> to read more about the health risks in the country you are visiting. This site will tell you the up to date recommended vaccinations and malaria advice for your destination.

CHARGES

Please find below a price list of chargeable vaccinations. The majority of these have to be given at least four to six weeks before travel and are ordered on a named patient basis. There is no charge for diphtheria, tetanus, polio, hepatitis A or typhoid vaccinations. These vaccinations should ideally be given at least two weeks before departure.

Charges (Prices are a guideline and can be subject to change)

Name	Requirements (please tick)	Total cost (cash/cheque)	Total cost (debit/credit card)
Hepatitis B	Course of 3	£120.00	£122.50
	Single booster dose	£ 40.00	£ 41.00
Rabies	Course of 3	£192.00	£196.00
Japanese Encephalitis	Course of 2	£215.00	£219.00
Ticborne Encephalitis	Course of 2	£126.00	£128.50
	Course of 3	£189.00	£193.00
Meningococcal (Menveo)	Single dose	£ 55.00	£ 56.00
Cholera (oral	Private Prescription	£ 17.50	£ 18.00
Malaria			£ 18.00

Our fees include the cost of the drug including carriage and VAT, a private prescription, practice nurse time and a small administration charge. Debit/Credit card charges also include the transaction cost payable by the Practice

Appointment Booked by :	Date/Time:	With:
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Appendix I

PRE-TRAVEL QUESTIONNAIRE

PERSONAL DETAILS

Name:	Date of birth:
	Male [] Female []

Preferred Contact Telephone No:

DETAILS OF PLANNED TRAVEL

Countries and cities to be visited (or please attach itinerary)	Length of stay	Away from medical help at destination, if so, how remote?

Date of Departure from UK:	Date of Return to UK:
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Please tick as appropriate below to best describe your trip

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

PERSONAL MEDICAL HISTORY

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

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

Does having an injection make you feel faint?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

I CONFIRM THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signed: _____ Date: _____

CONSENT

If you wish the Practice Nurse to discuss your vaccinations or malaria requirements with a family member on your behalf please complete the section below:

Name of whom we can speak to	
Contact Telephone Number	
Signed _____	Date _____

If you do not complete this section then your requirements will not be discussed with anyone else.