

TEMPLE COWLEY MEDICAL GROUP

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The following immunisations are not available on the NHS and will be charged for, the price is per dose and the cost of the course is alongside in brackets. Please speak to the Practice Nurse about any queries regarding doses or costs involved. All other vaccines not listed below will/may be offered if needed at no extra cost.

Because Travel Health is non NHS work an admin fee of £30 per person or £50 per family is payable but on occasions when a private prescription is required for anti malarials or cholera oral vaccine then this will be included in the cost. The private admin fee will only be occurred if private vaccines are required. Prior to consultation you will be advised of any costs payable.

VACCINE	price per dose	doses required	total cost of course
Hepatitis B	£40	3	£120
Yellow Fever	£60	1	
Rabies	£50	3	£150
Meningitis ACWY	£50	1	
Japanese Encephalitis	£67.50	2	£135
Influenza	£21	1	
Tickborne encephalitis	£64	2	£128

Depending on the destination of your travel you may require a private prescription for anti malarials. Practice Nurse Paula or Dr Andrew Wilson will advise you on the best or most appropriate course of tablets. The cost of the Private prescription will be included in the administration fee payable. Please be aware the Chemist will also charge you for any medications ordered.

A Private prescription can also be given if visiting areas at high risk of cholera, the Nurse will advice you if this is necessary.

Please complete the following page as best you can as this will help the Nurse give you the best and most accurate advice to ensure you have a happy and safe journey.

Please complete this form and return it to the Practice
 A form should be completed for each person who will be travelling.

Name..... DOB:.....

Address.....

1. Can you list the countries to be visited, including any stopovers?
 (Stopovers should include short stays in airport terminals)

Date of departure	Country	Cities (please tick)	Rural areas those areas	The coast to be visited	Length of stay

2. What type of transport do you expect to use while abroad?
 (e.g. local buses, car hire, renting mopeds or bicycles)

3. Where do you intend to stay while abroad?
 (e.g. international or budget hotels, guesthouses, camping or with relatives)

4. What is the purpose of your travel?
 (Please tick those that apply)

Holiday.....Visiting relatives/friends

Work – what type of work?.....

Other – please give details

If vaccines required for work purposes only then you should see Occupational Health or private TC.

5. Are you planning/anticipating doing any sporting activities?

No..... Yes (Please give details).....

Please give details of any medical problems.....

6. Are you pregnant? No Yes

7. Do you take any tablets?

No..... Yes (please give details).....

8. Do you smoke? Yes No..... Drink alcohol? Yes..... No.....

Please bring a travel health vaccine card to appointment if you have one.

Invoice

	Required Y/N	Charge
Travel clinic admin		
Tetanus – Diphtheria, Tetanus, Polio		
Typhoid		
Influenza		
Meningitis AC WY		
Hepatitis A		
Hepatitis B		
Rabies		
Yellow Fever		
Jap B enceph.		
Tickborne enceph.		

Total for attendance at travel clinic plus
Required immunisation £.....