

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

Email:	Telephone Number:
	Mobile Number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW
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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?

TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY
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<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 hotel	<input type="checkbox"/> Safari	<input type="checkbox"/> Pilgrimage
<input type="checkbox"/> Other Please Specify		

Women Only		
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Are you Pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you Breast Feeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you pregnant while away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Office Use only		
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<input type="checkbox"/> Appointment Required	Month	
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Vaccination Costs

As well as the cost of the vaccine there will be a £10 charge per individual vaccination which is chargeable. Due to the price of costs changing you will be advised of the full cost before you attend for 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	Dependant on time of ordering
Meningitis ACWY	1	Dependant on time of ordering
Rabies	3	Dependant on time of ordering
Japanese Encephalitis	2	Dependant on time of ordering
Tick-bourne Encephalitis	3	Dependant on time of ordering
Private prescription for antimalarials	Dependant on length of stay	£18.00
Yellow Fever	Not given at Surgery please see the following website for Yellow Fever Centres near you: https://nathnacyfzone.org.uk/search-centres	