**YOUR NAME** :

Please note that most vaccinations need to be administered at least 4 weeks prior to departure so ***the surgery will need receipt of this form a minimum of 8 weeks before you are due to travel.***

Please either email this completed form to [woodleyvillagesurgery@nhs.net](mailto:woodleyvillagesurgery@nhs.net) or hand it in at reception.

Once we receive the form, a member of our reception team will contact you within 3 working days to arrange a telephone consultation with the practice nurse to run through your vaccination requirements.

Once you have had your telephone consultation with the nurse, reception will contact you within 3 working days to book any appointment(s) needed to administer the vaccines and take any fees due.

Some travel vaccinations are provided to our registered patients under the NHS (free of charge), but many, including a prescription for Malaria tablets, do unfortunately incur a fee.

For chargeable vaccinations, payment must be received before any appointment(s) can be booked with the nurse to administer them. Please bear in mind that such vaccinations need to be specially ordered in, and a failure to attend any appointment(s) booked will result in a forfeit of the full fee.

**Please note**

* You can also approach your local travel clinic to receive the chargeable vaccines
* The surgery doesn’t provide a yellow fever vaccination service.

**FEES**

**NHS administered vaccines**

Hepatitis A : Single dose (ideally 2 weeks before travel)

Typhoid : Single dose(at least 2 weeks before travel)

Tetanus

Polio

**Private vaccines**

Malaria private prescription *£20. A fee must also be paid to the pharmacy for the medication*

Hepatitis B *£120*

Japanese encephalitis *£220*

Rabies *£270*

Tickborne encephalitis *£175*

Meningitis ACWY *£65*

**FEES**

**YOUR DETAILS**

Full name :

Date of birth :

Sex :

Telephone number (mobile preferred) :

Pregnant, planning pregnancy or breastfeeding? : Yes  No  N/A

**TRIP DATES**

Departure date (dd/mm/yyyy) :

Duration :

**ITINERARY**

**Country 1** :

Duration :

Availability of medical help :

**Country 2** :

Duration :

Availability of medical help :

**Country 3** :

Duration :

Availability of medical help :

**Country 4** :

Duration :

Availability of medical help :

**OTHER ASPECTS OF TRIP**

**Type of trip Purpose of trip Accommodation Activity type**

Package  Business  Hotel  Safari

Self-organised  Pleasure  Friends/family  Adventure

Back-packing

**Location type Travelling with**

Urban  Alone

Rural  Friends/family

Altitude  Group

**PLEASE TELLS US ANYTHING ELSE WHICH YOU FEEL IS RELEVANT**

**FOR OFFICE USE ONLY** (NURSE TELEPHONE CONSULATION)

***Once complete, please pass this form to reception who will contact the patient to book any appointments due***

**Hepatitis A** Single dose (ideally 2 weeks before travel)

*(Avaxim)*

**Typhoid** Single dose(at least 2 weeks before travel)*(Typhim VI)*

**Tetanus** Single dose (covers both tetanus and polio)

*(Revaxis)*

**Polio** Single dose (covers both tetanus and polio)

*(Revaxis)*

**Malaria prescription** *£20 private prescription fee*

Notes :

Others (please list):

1. Schedule:

*(e.g. day 0, 7 and 28)*

2. Schedule:

3. Schedule:

4. Schedule:

5. Schedule:

**Note:** Hepatitis B, Japanese Encephalitis, Rabies, Tick-borne **Encephalitis and Meningitis ACWY incur a fee**

**FOR OFFICE USE ONLY** (RECEPTION)

Date form received from patient :

Date telephone consultation booked :

Date form received back from nurse :