

Northgate Medical Practice Travel Clinic
1 Northgate, Canterbury, Kent. CT1 1WL

PRE-TRAVEL HEALTH & VACCINATION ASSESSMENT FORM

For travel vaccinations, you **must** make a 20 minute appointment with a practice nurse. Please complete and return the travel questionnaire **at least 3 days before your appointment date**.

- * If you are travelling for more than 4 weeks, trekking, or visiting more than 1 country, please book an appointment at least 2 months before you travel, as a course of vaccines may be required. Otherwise, please book an appointment at least 1 month prior to travel.
- * We are a designated Yellow Fever Vaccination Centre for non-registered patients. You cannot have any other vaccinations here **if you are not a registered patient** with the surgery. **Please note, for yellow fever vaccine to be administered at this practice, you must complete a yellow fever consent form and take it to your own surgery for your GP to sign & date. This form must then be returned to us prior to administration of vaccine.**

PLEASE NOTE: ALL FEES MUST BE PAID AT RECEPTION, BY CASH OR CHEQUE, AT TIME OF VACCINATION

The following vaccines are not chargeable for registered patients
Tetanus/Diphtheria/Polio ~ Hepatitis A ~ Hepatitis A/Typhoid ~ Typhoid

The following vaccines are chargeable for all patients

Vaccine and Course	CHARGE	
Hepatitis B (course of 3 injections)	£125.00	
Hepatitis B (booster)	£40.00	
Japanese B Encephalitis (course of 2 injections)	£150.0	
Menveo (Meningococcal ACWY)	£35.00	
Rabies (course of 3 injections)	£145.00	
Rabies (booster)	£45.00	
Tick-borne Encephalitis (course of 2 injections)	£180.00	
Yellow Fever & certificate	£55.00	
Re-issue of Yellow Fever certificate	£20.00	
Cholera (course of 2 oral doses)	NHS Prescription charge	
Private prescription (if required)	£22.00	

Name..... **DOB**.....

Address.....

Departure date..... **Return date**.....

Which countries do you intend to visit, including brief stopovers? (Please give specific details of where you will be, e.g. cities, beach resort, rural areas, etc)

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Will you be staying in tourist hotels, relatives homes, basic accommodation, or sleeping rough?

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Does your trip involve additional risks, e.g. adventure sports, refugee contact, or animal handling?

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Do you have any illnesses, ailments or medical conditions?

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Please give details of any medication taken (including non-prescription drugs and oral contraceptive pill).

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Are you pregnant, planning pregnancy or breast-feeding?

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Have you had a bad reaction to any vaccine or do you have any allergies, e.g. eggs, antibiotics?
(Please give details)

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If a child is 16 or below, are they up-to-date with childhood vaccinations?

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Have you had any of the following vaccinations? **If so, when?**

Tetanus/Diphtheria/Polio.....	Hepatitis B.....
Hepatitis A.....	Yellow Fever.....
Typhoid.....	Jap B Encephalitis.....
Meningococcal ACWY.....	Rabies.....
Cholera.....	Tick-borne Encephalitis.....

Signed..... **(parent if under 16 years old)**

Date.....

For further information please visit: www.fitfortravel.nhs.uk

For completion by healthcare professional only

Vaccines required:

Malaria risk: YES / NO