

## RED PRACTICE TRAVEL HEALTH SERVICE

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Thank you for enquiring about the Red Practice Travel Health Service. This service has been designed to provide the traveller with all the information they require when travelling abroad.

This service is, in part, outside the scope of the NHS. Most vaccines are free on the NHS but some are not, and there may be a charge included in the fee to cover the cost of administering the treatment.

**The following vaccines are NOT available on the NHS. If you receive any of the following vaccines you will be charged as follows: \_**

| <b>Service/Treatment</b>   | <b>Amount</b>  |
|--|--|
| Hepatitis B<br>Meningococcal Meningitis<br>Tick borne Encephalitis<br>Rabies | <b>£35.00 Adult (16+)</b>                            |
| Hepatitis B<br>Meningococcal Meningitis<br>Tick borne Encephalitis<br>Rabies | <b>£45.00 (Family 2 Adults and up to 4 Children)</b> |
| Travel Insurance Claim   | <b>£30.00</b>  |
| Passport Counter Signature   | <b>£15.00</b>  |
| Fitness to Travel Certificate  | <b>£23.00</b>  |

You must complete a Travel Health Service Questionnaire at least 8 weeks in advance of your intended travel. Forms are available from reception.

Please ensure that all sections are completed. It is your responsibility to ensure that the dates of the previous vaccinations are completed.

We cannot be held responsible for checking each vaccination against your medical records, as they may not be complete (especially if you received vaccinations elsewhere).

After handing in your form please make an appointment with the nurse about 10-14 days later. This will allow her to order in any NHS vaccines you require.

If you require other vaccines she will arrange a private prescription with the doctor for you to collect (please ensure we have a daytime contact number so we can inform you when this is ready to be collected)

## RED PRACTICE TRAVEL HEALTH SERVICE QUESTIONNAIRE

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Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Day time telephone number: \_\_\_\_\_

Appointment time: \_\_\_\_\_ Name of Nurse: \_\_\_\_\_

1. Which countries do you intend to visit (including any stopovers however brief):

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2. Departure date:

3. Duration of stay:

4. Where will you be staying:

5. Does your journey include:

\*Please circle appropriate

| Type                          | Duration |
|-------------------------------|----------|
| 4/5 – star hotels             |          |
| Other hotels/<br>guest houses |          |
| Hostels                       |          |
| Camping/sleeping<br>rough     |          |
| Safari lodge                  |          |
| Friends/relatives             |          |
| Other:                        |          |

|                          |         |
|--------------------------|---------|
| Areas of civil<br>unrest | YES/NO* |
| Coastal areas            | YES/NO* |
| Inland areas             | YES/NO* |
| High altitude            | YES/NO* |
| Safari/ Jungle           | YES/NO* |

6. Have you ever had any of the following vaccinations and if so when?

|              |  |
|--------------|--|
| Typhoid      |  |
| Yellow Fever |  |
| Hepatitis A  |  |
| Hepatitis B  |  |
| Tetanus      |  |
| Polio        |  |
| Diphtheria   |  |
| BCG          |  |
| Meningitis   |  |
| Rabies       |  |

- Do you have any allergies (including eggs, neomycin or other medication)?
- Do you currently take any medication (including steroids or immuno –suppressive medication)?
- Are there any immunosuppressed persons in your household? **YES/NO\***  
\*Please circle appropriately
- Have you ever had or are you suffering from heart or lung disease or any other chronic illness? \*Please circle appropriately **YES/NO\***

Thank you for completing the form, which should now be forwarded to

The Red Practice

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Whitefriars Surgery

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Whitefriars St

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