

**For Official Use Only**

Travel Risk Assessment Performed

Vaccines Recommended

Disease Protection	Performed	
Hepatitis A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Typhoid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cholera	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diphtheria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meningitis ACWY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yellow Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rabies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jap B Enceph	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Travel Advice Leaflets given

Food, Water & Personal Hygiene Advice  Travellers' Diarrhoea

- |  |   |
|--|---|
| <input type="checkbox"/> Hepatitis B and HIV         | <input type="checkbox"/> Insect Bite Prevention |
| <input type="checkbox"/> Animal Bites                | <input type="checkbox"/> Accidents              |
| <input type="checkbox"/> Insurance                   | <input type="checkbox"/> Air Travel             |
| <input type="checkbox"/> Sun and Heat Protection     | <input type="checkbox"/> Websites               |
| <input type="checkbox"/> Travel Record Card Supplied |   |
| <input type="checkbox"/> Other                       |   |

Malaria Prevention and advice and Chemoprophylaxis

- |  |  |
|--|--|
| <input type="checkbox"/> Chloroquine & Proguanil | <input type="checkbox"/> Atovaquone & Proguanil (Malarone) |
| <input type="checkbox"/> Chloroquine             | <input type="checkbox"/> Mefloquine                        |
| <input type="checkbox"/> Doxycycline             | <input type="checkbox"/> Malaria Advice Leaflet Given      |

Signed.....Position.....Date.....

Signed.....Position.....Date.....

For receptionist use only

Date of travel appointment:.....

Time of travel appointment:.....

*Southwood Practice*

# TRAVEL ADVICE AND VACCINATIONS

**Charges and Travel Questionnaire**  
2016/2017

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## Travel advice and vaccinations

For travel advice and vaccinations please complete a travel form and make an appointment to discuss your requirements with the practice nurse 6 to 8 weeks before the date of your departure from the UK. If you are taking a last minute holiday it is advisable to make an appointment for advice on vaccinations and health.

The fees for the following vaccinations cover the provision of a private prescription from the surgery and administration by the practice nurse.

Some vaccinations listed below are available on the NHS the charges below show the cost of paying privately.

**This service is only available for patients who are registered with Southwood Practice.**

### Charges 1<sup>st</sup> April 2018

Hepatitis A	£35.00 per vaccine
Hepatitis B	£35.00 per vaccine
Rabies	£60.00 per vaccine
Typhoid	£25.00 per vaccine
Meningitis ACWY	£30.00 per course
Yellow Fever	£60.00 per vaccine
Japanese encephalitis	Price on Application

**Diphtheria + tetanus + Polio** No charge to NHS patients

The following oral treatments (not injections) require a private prescription. Patients need to take the prescription to a pharmacy where there will be a charge for the medication.

**Malaria** £15.00

Fees are payable by **CASH OR CHEQUE ONLY** on the day of your appointment  
(Cheques made payable to "Southwood Practice" please)

## ***PATIENT'S COPY - PLEASE KEEP FOR INFORMATION***

**PLEASE NOTE: THE PRACTICE RESERVES THE RIGHT TO CHARGE FEES ON ALL VACCINES FOR NON-NHS PATIENTS**

## TRAVEL QUESTIONNAIRE

Name: .....Date of Birth: .....

Address:.....

..... Tel No: .....

Departure date: .....Duration of trip: .....

Countries to be visited (including stop-over):.....

.....

### Type of travel:

Holiday: - Hotel  Business: - Short-term (< 3 months)   
- Self-catering  - Long-term (>3 months)   
- Cruise  Visiting relatives:   
- Backpacking  Moving abroad:

Other (please state): .....

Any particular issues the nurse needs to be aware of (e.g. diving, fear of flying, staying in rural location):.....

Current medication: .....

Medical history: .....

.....

Allergies (especially any reactions to eggs/previous vaccinations): .....

.....

Are you: Taking steroids?  Receiving chemo/radiotherapy?

Previous vaccinations & dates if known: .....

.....

.....

### Female patients (please tick):

I am not pregnant  I have no reason to suspect that I am pregnant:

### All patients:

Do you smoke? Yes  Have you ever smoked? Yes  Quit date.....

Patient's signature:.....

Print name: .....Date: .....

**PLEASE COMPLETE THIS FORM AND RETURN TO THE SURGERY WHEN YOU BOOK YOUR TRAVEL APPOINTMENT**