

Travel Form Newbury Street Practice 2019

- Please note this form needs to be completed and returned at least six weeks before travel and may take up to two weeks to be actioned by the nurse.
- If you are travelling at short notice you will need to seek advice from a private travel clinic.
- Not all vaccines are covered by the NHS and payment in advance is required.
- Card, cash or BACS transfer only (If you would like to pay by BACS please ask to speak to Ali Shoemark who will give you the details you will need) we are unable to accept cheques.
- Some vaccines require several appointments

***Please collect this form after the nurse has completed the information, read and if required make an appointment with a nurse**

Personal Details	Male/Female	Date of birth:
Name:		Departure date:
		Return date:
Telephone Number:		
Can we speak to another person on your behalf? Name of person:		

ITINERARY DESTINATION AND REGION	LENGTH OF STAY	AWAY FROM MEDICAL HELP AT DESTINATION? HOW REMOTE?

Type of trip:	Business	Pleasure	Visiting family/friends
Holiday Type:	Package	Self-organised	Back packing
	Camping	Cruise Ship	Trekking
Accommodation:	Hotel	Relatives/Family home	Other (please Specify)
Travelling:	Alone	With family/friends	In a group
Staying in area which is:	Urban	Rural	Altitude
Planned Activities:	Safari	Adventure	Other (please specify)

Women

Pregnant Breast Feeding Planning a pregnancy

Nurse to complete

Disease Protection	Date of previous vaccines	Vaccines recommended	Cost of vaccine	Further information
Hepatitis A			NHS	
Hepatitis B			£40.00 each	USUALLY A COURSE OF 3
Typhoid			NHS	
Tetanus			NHS	
Diphtheria			NHS	
Polio			NHS	
Meningitis ACWY			£55.00	
Rabies (3 injections over 1 month)			£192.00	COURSE OF 3
Yellow Fever			£60.00 (inc certificate)	£15.00 duplicate certificate
Japanese B Encephalitis			£120.00	COURSE OF 2
Cholera			Private Script £17	
Tickborne Encephalitis			£63 each	2 or 3 vaccines
Other				

Malaria

Private Script cost £17

Buy from chemist

Doxycycline	Chloroquine and Proguanil
Malarone	Chloroquine

PSD Dr/NP _____ Date _____

Please book a _____ minute appointment
Further Information:

Nurse _____ Date _____

'See <https://www.fitfortravel.nhs.uk> for more information'