

## Fees List

**Prices may vary depending on market prices**  
**Fees are payable by cash or cheque in advance at Reception**

Item	Single Dose	Course
Yellow Fever	Currently Unavailable	N/A
Hepatitis B	£30.00	£85.00 for 3
Meningococcal	£30.00	N/A
Rabies	£50.00	£150.00
Japanese B Encephalitis	To be confirmed on booking	_____
Tick Born Encephalitis	To be confirmed on booking	_____
Malaria Tablets	Pharmacy prices	

### Certificates & Forms

Replacement Yellow Fever Cert	£10.00	No fee for original cert
Private Prescription incl. Malaria	£15.00	
Cholera Exemption Certificate	£15.00	
Holiday Cancellation Form	£25.00	
Fitness to travel cert/letter	£25.00	

Please allow **at least 2 weeks** for your vaccination programme to be prepared and priced if applicable. The final cost may differ as, during your consultation, there may be a need to alter the vaccinations suggested to suit your travel arrangements.

If your travel request is submitted **less than 7 days** before departure there may be no appointments available. Alternatively travel clinics are listed at the surgery or may be found online.

Failure to attend a booked travel vaccination appointment or cancellation with less than 12 hours' notice may incur a charge of £20.00.

Please contact the surgery after 2pm on 01458 841122 to find out the approximate cost of your travel vaccinations.

**TRAVEL RISK ASSESSMENT FORM** – ideally to be completed by traveller prior to appointment.

Name:		Date of birth	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
E mail:		Telephone number:	
		Mobile number:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>			
Date of departure:		Total length of trip:	
<b>COUNTRY TO BE VISITED</b>	<b>EXACT LOCATION OR REGION</b>	<b>CITY OR RURAL</b>	<b>LENGTH OF STAY</b>
1.			
2.			
3.			
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY</b>			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	
<b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>			
	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			

	YES	NO	DETAILS
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
<b>Women only</b>			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow fever		BCG		Other	
Malaria Tablets					

Any additional information

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London. [www.rcn.org.uk](http://www.rcn.org.uk)
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK. [www.nathnac.org](http://www.nathnac.org)