



Braydon Avenue, Little Stoke, Bristol. BS34 6BQ

Travel Vaccination Service: VACCINE REQUIREMENT FORM To Be Completed by Patient Prior to Consultation

1. Once completed please hand into reception and **book a travel clinic appointment for 14 days time**. We will let you know within 7 days if there is a charge or if you do not need any vaccinations otherwise please attend your appointment.
2. To check which vaccinations are advised for you destination please visit www.fitfortravel.nhs.uk. Please see overleaf for vaccination prices.
3. Payment by Credit/Debit Card or cash is preferred. If making payment on the day of your appointment please arrive at least 10 minutes prior to your appointment.
4. There is currently a national production shortage of Hepatitis A vaccine, this is anticipated to extend into 2019.

For people travelling to countries at risk of hepatitis A:

If you have had one dose of Hepatitis A vaccine within the previous 5 years you will not be offered a second. If you have never had a Hepatitis A vaccine you may be offered a PAEDIATRIC dose subject to availability.

It may be worth you trying to source this vaccine privately as the vaccine allocated to us is extremely limited and demand is likely to exceed supply

Name Date of Birth.....

Address

..... Date

☎ Daytime Evening

Date of Travel

Destinations / accommodation (including all countries e.g. stopovers)

Destination (It is essential to enter both Town & Country)	Length of Stay (Days)	Accommodation					
		4/5 Star Hotel	Other Hotel / Guest House / Hostel	Relatives / Friends	Camping / Sleeping Rough	Safari Lodge	Other (Please State)
1.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please List:

Any current medical conditions:

Known allergies to drugs / medicines:

What medications do you usually take:

For women – are you pregnant / planning to become pregnant in the near future?

Have you ever suffered from a mental illness? (e.g. depression):

Please tell us about any vaccinations you have had with approximate dates:

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To Be Completed by Travel Nurse

For Admin Use Only: Note please enter on Synergy costs and payment receipts

Date form received:

Received by:

Initial Appointment Booked (date):

Patient Advised of Cost: Y/N

Amount Due: £.....

Date Paid:

Travel Vaccination Service: VACCINE REQUIREMENT FORM

From the information that have provided on you intended destination we recommend that you have the following vaccinations:

Name of vaccine	Vaccination (recommended doses)	Required	FOC (registered pts only)	No of doses required	Cost per dose	TOTAL
*Avaxim	*Hep A (x2)				£50.00	
*Vaqta Paediatric	*Hep A (x2)				£50.00	
*Typhim	*Typhoid (x1)				£30.00	
*Twinrix	*Hep A & B Combined (x3)				£70.00	
Stamaril	Yellow Fever (x1)				£60.00	
HBVAXPRO/ Engerix	Hep B (x3)				£43.00	
HBVAXPRO - paediatric	Hep B (x3)				£43.00	
*Revaxis	*Diphtheria/ tetanus/polio (x1)				£32.00	
Rabipur	Rabies (x2 or 3)				£55.00	
JE VAX	Japanese B Encephalitis (x2)				£90.00	
Malaria prophylaxis	RISK:				See below **	
					TOTAL COST	

PLEASE NOTE THAT ALL COURSES OF VACCINATIONS MUST BE PAID FOR IN FULL PRIOR TO THE FIRST DOSE.

(*) These Vaccines are FREE of CHARGE for Registered Patients Only.

**N.B: Malaria prophylaxis will be discussed at your appointment. Please note that there may be a further charge of £16.00 if a prescription is required.

Patient to Complete at Initial Consultation

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: