

# RED PRACTICE TRAVEL ADVICE CLINICS

Please note that this service is in part outside the scope of the NHS. Most vaccines and services are free on the NHS but some are not. For a full list of our Travel charges please see below.

To make best use of our travel advice clinics you should arrange a Travel Appointment with one of our qualified Nurses no later than 8 weeks in advance of your intended date of travel.

You must complete a Travel Advice questionnaire prior to your Travel Appointment. Forms are available from reception or can be downloaded from our website. Please ensure that all sections are completed. It is your responsibility to ensure that the dates of previous vaccinations are included. We cannot be held responsible for checking each vaccination against your medical records, as they may not be complete (especially if you received previous vaccinations elsewhere).

Once your Travel Advice Questionnaire is completed, please hand it in to our receptionist and ask for a Travel Advice appointment with one of our Nurses.

Remember your appointment should be at least 8 weeks prior to your intended date of travel.

# RED PRACTICE TRAVEL ADVICE CHARGES

Please note that the following travel vaccines and services are not available for free under the NHS and will attract the following charges:

SERVICE OR VACCINATION COURSE	COST PER SERVICE
Hepatitis B Meningitis Tick borne Encephalitis Japanese B Encephalitis Rabies	<b>£30 per Vaccination Course</b>
Travel Insurance Claim	<b>£30</b>
Passport Counter Signature	<b>£20</b>
Fitness to Travel Certificate	<b>£30</b>

Please note that prescriptions for the above Vaccines are issued free of charge on a private basis and therefore your pharmacist will charge you for the medication on each prescription.

# RED PRACTICE TRAVEL HEALTH SERVICE QUESTIONNAIRE

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

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

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

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

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

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

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

\_\_\_\_\_

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/ guest houses	
Hostels	
Camping/sleeping rough	
Safari lodge	
Friends/relatives	
Other:	

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

Thank you for completing the form. Please hand the form in at Reception.