

THE VINE MEDICAL CENTRE

Please give to the patient - Information on travel vaccines & prescription fees

The most common travel vaccines can be offered on the NHS:

- Tetanus, Diphtheria & Polio
- Typhoid
- Hepatitis A
- Combined Hepatitis A & Hepatitis B (if required and eligible)
- Cholera

Those not offered on the NHS can be provided in the surgery for a fee:

- Hepatitis B
- Rabies

Those not offered on the NHS or in surgery can be provided under private prescription and dispensing fees:

- Japanese Encephalitis
- Tick-borne Encephalitis
- Meningitis ACWY
- Malaria Tablets

Please be aware The Vine Medical Centre is not a registered Yellow Fever Centre and cannot provide this vaccination, if required you will need to make an appointment with a Yellow Fever Centre.

Please look at these websites before you come to get some idea of what you may need:

<https://travelhealthpro.org.uk/countries>

<https://www.nhs.uk/conditions/travel-vaccinations>

Vaccines offered in surgery (Available from The Vine Medical Centre stock for Travel purposes)	Hepatitis B Initial course 3 doses - £120.00 in total. Booster Dose £40.00. Rabies Initial course 3 doses £240.00 in total. Booster dose £80.00.
Private Prescription Fees payable to The Vine Medical Centre	£20.00 per prescription (for 1 or more items). £20.00 (in total) for prescriptions for the same family. In addition to the prescription fee will be the cost of the private vaccine payable to the dispensing pharmacy. Dispensing fees may vary depending on pharmacy.
Private Administration Fees payable to The Vine Medical Centre	£10 private administration fee per dose. This is in addition to the private prescription cost. Some vaccines may require 1, 2 or 3 doses and 1 booster dose

You will discuss and agree the required vaccines and malaria requirements at your first appointment. All payable fees need to be paid in advance at the reception desk before a private prescription will be issued or any vaccines given. If you have any questions, please discuss further with the Travel Nurse.

THE VINE MEDICAL CENTRE - TRAVEL RISK ASSESSMENT FORM

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE RECEPTIONIST WHO WILL MAKE YOU AN APPOINTMENT AT LEAST 6 WEEKS PRIOR TO YOUR TRAVEL DATE

Appointment Date	Appointment Time	Nurse	How many attending appointment

Please be aware The Vine Medical Centre is not a registered Yellow Fever Centre and cannot provide this vaccination, if required you will need to make an appointment with a Yellow Fever Centre.

Name:	Date of birth:
	Age:
E mail:	Telephone number:
	Mobile number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure:	Total length of trip:
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COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL/COUNTRY	LENGTH OF STAY
1.			
2.			
3.			

Have you taken out travel insurance for this trip and, if you have a medical condition, informed the company of this?

Do you plan to travel abroad again in the future?

TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY

- | | | | |
|--|--|--|-------------------------------|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Adventure | <input type="checkbox"/> Staying in hotel | <u>Additional information</u> |
| <input type="checkbox"/> Business trip | <input type="checkbox"/> Diving | <input type="checkbox"/> Camping/hostels | |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Safari | <input type="checkbox"/> Backpacking | |
| <input type="checkbox"/> Volunteer work | <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Cruise ship trip | |
| <input type="checkbox"/> Healthcare worker | <input type="checkbox"/> Medical tourism | <input type="checkbox"/> Visiting friends/family | |

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Any allergies including food, latex, medication?			
Have you had a severe reaction to a vaccine before?			
Have you had your spleen or thymus gland removed?			
Recent chemotherapy/radiotherapy/organ transplant/high dose steroids?			
Do you have epilepsy/seizures?			

Women Only			
Are you pregnant?			
Are you breast-feeding?			
Are you planning pregnancy while away?			
Have you undergone FGM / been cut / circumcised?			

Are you currently taking any over the counter medication or medication not prescribed by The Vines?

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST add dates of vaccination if known & bring any travel record books to your appointment					
Last Tetanus/Polio/Diphtheria		2 doses of MMR	Yes / No	Last Influenza/Flu	
Pneumococcal/Pneumonia		COVID vaccines Up-to-date	Yes / No	1 st Hepatitis A 2 nd Hepatitis A	
Last Typhoid Hepatitis A/ Typhoid		Meningitis		1 st Hepatitis B 2 nd Hepatitis B 3 rd Hepatitis B	
1 st Rabies 2 nd Rabies 3 rd Rabies 4 th Rabies (Booster)		1 st Japanese Encephalitis 2 nd Japanese Encephalitis		1 st Hepatitis A/Hepatitis B 2 nd Hepatitis A/Hepatitis B 3 rd Hepatitis A/Hepatitis B 4 th Hepatitis A/Hepatitis B	
1 st Tick Borne Encephalitis 2 nd Tick Borne Encephalitis 3 rd Tick Borne Encephalitis		1 st Cholera 2 nd Cholera 3 rd Cholera (2-6 years)		BCG	
Yellow Fever		Malaria Tablets			

Any additional relevant information	
Signature:	Date:

Assessor's comments- To be completed by Travel Nurse	
Medical conditions checked <input type="checkbox"/> Allergies checked <input type="checkbox"/> Information documented on patients record <input type="checkbox"/> Assessor's Name:	Signature: Date: