SHOTFIELD MEDICAL PRACTICE

Travel Vaccination Policy, Charges and Enquiry Form

This is for use when patients are travelling abroad with advanced notice. Patients will be asked to complete an enquiry form usually about 6-8 weeks prior to their travel. This notice period allows sufficient time to offer advice, make relevant appointments and ensure the patient is adequately covered before they travel.

Once the form has been completed in full the patient will be asked to make an appointment with the nurse. The details of this appointment should be written on the top of the form and the form left in the nurse's tray for them to retrieve and examine prior to the appointment. **Do not** make same day appointments for travel advice or vaccinations. The nurse will review the form and check the patient record and she may contact the patient if she requires anything further before the appointment. If no vaccinations are required the nurse will advise the patient of this.

Please note there are charges for some vaccinations and details of these charges are available at reception or from the nurse.

Payment is required by cash or cheque (payable to Shotfield Medical Practice) only, credit cards are not accepted. If paying by cash please try and have the correct money as cash is not stored on the premises.

Certificate of vaccination (if required) is charged at £15.00. Lost certificates will incur a £15 fee to issue a new certificate of vaccination. Certificates will only be issued for those vaccinations given by the practice.

All travel vaccine costs (including courses) requirement payment in full when the first dose is given. Vaccinations will not be given without full payment being made at the first appointment.

Please see below details of charges that apply as at June 2019.

Important: please note that if you pay the fee and do not complete the course or do not have the private prescription dispensed no refund will be made to you for fees incurred by the practice for the completion of prescriptions or the ordering of vaccines.

If you are going abroad at short notice we may not have a suitable appointment to offer you within the required time frame. If this happens you should consider seeking the services you require from another provider in a travel clinic. Please ask at reception for details of other providers.

When we make your first travel appointment this is a **double appointment** with a suitably qualified nurse. If you fail to attend this appointment without giving sufficient notice to the practice so it can be offered to another patient then we will not re-book you again for travel advice or vaccinations here in the following 3 month period. If this happens, you would be referred to a local travel clinic for any further needs at that time.

For further information please also visit http://www.fitfortravel.nhs.uk/

SHOTFIELD MEDICAL PRACTICE

CHARGES TO OWN PATIENTS FOR TRAVEL

Meningitis ACWY (with certificate of vaccination)

Single dose 2-3 weeks before travel, covers 5 yrs £ 50.00

Rabies - course of 3

2nd dose 7 days after 1st dose,

3rd dose 21-28 days after 1st dose £180.00

Japanese B Encephalitis - course of 2

2nd dose 28 days after 1st dose (over 18's only) £220.00

Tick Borne Encephalitis – course of 3 (adult or paeds)

2nd dose up to 3 months after 1st dose

3rd dose between 5 and 12 months after 1st dose £150.00

Yellow Fever

Single dose with certificate of vaccination £80.00

Hepatitis B (for travel only) - course of 3

2nd dose 1 month after 1st dose 3rd dose 5 months after 2nd dose

£ 90.00 (£30 per dose)

Malaria chemoprophylaxis tablets

Private prescription only £ 15.00

Then cost of tablets from relevant pharmacy

By NHS prescription for patient to Cholera – 2 doses >1 week and <6 weeks apart

Complete course at least 1 week prior to travel collect and pay any appropriate

dispensing fee

Typhoid

Single dose at least 1 month prior to travel Free

Hepatitis A

Single dose at least 2 weeks prior to travel Free

Diptheria, Tetanus and Polio

3 doses 1 month apart Free

Combined Hepatitis A & B - course of 3

2nd dose 1 month after 1st dose 3rd dose 5 months after 2nd dose Free

Certificate of vaccination (if required) £15.00

Lost certificates will incur a £15 fee to issue a new certificate of vaccination. Certificates will only be issued for those vaccinations given by the practice.

All travel vaccine costs (including courses) requirement payment in full when the first dose is given. Vaccinations will not be given without full payment being made at the first appointment.

Payment can be made in the form or cash or cheque ONLY, cheques payable to Shotfield Medical Practice. All fees are payable at reception and will be receipted.

Important: please note that if you pay a private fee and do not complete the course or do not have the private prescription dispensed no refund will be made to you for fees incurred by the practice for the completion of prescriptions or the ordering of vaccines.

SHOTFIELD MEDICAL PRACTICE

Jubilee Health Centre, Shotfield, Wallington, Surrey SM6 0HY Tel No. 020 8669 7612 Fax No. 020 8773 1801 Website: www.shotfieldmedicalpractice.co.uk

Travel risk assessment and enquiry form – to be completed by the traveller 6-8 weeks prior to travel and prior to an appointment being made with the nurse (see details above)

PLEASE COMPLET	E IN FULL AND IN	N BLOCK	< C	APITA	LS				
Full Name:									
Address:									
Date of Birth:				Male	/ Female*				
Contact Tel. Home:			.	Mobile:					
Date of Departure: .		Т	ota	al Dura	tion of Trip:				
Country to be visited	Exact location o	f region	(City or	rural area	Length of stay			
			,	/ N.I. +					l
Have you taken trav	el insurance for this	s trip? Y	es	/ No*					
Do you plan to trave	l abroad again in th	ne future	? `	Yes / N	lo*				
Type of travel and p	urpose of trip – ple	ase dele	te	any th	at do not a	pply			
Holiday Bu	Ioliday Business Trip Expatriate Volunteer Work Healthcare Work							er	
Staying in Hotel Cr	•	Safari							
Backpacking Ca	amping/Hostel	Adventu	5 5			Visiting Family/Friends			
Any additional inform	nation about your tr	ip?							
Please provide deta	ails about your pe	rsonal r	nec	dical h	istory belo	w:			
•	,	Ye		No	Details				
Are you fit and well t									
Do you suffer from any allergies including									
food, latex or medication									
Have you had a severe reaction to a vaccination before?									
Do you have a tende	ancy to faint after a								
vaccination?	andy to familiantel a								
Have you had any s	urgical operations i	n							
the past including your spleen or thymus									
gland being removed									
Had you undergone recent chemotherapy,									

radiotherapy or organ transplantation?

Do you suffer from anaemia?

Do you suffer from any b		ng				
disorders (including histo						
Do you suffer from heart (including high blood pre)?				
Are you a diabetic?	social of angina	, 				
Do you have a disability'	2					
Do you suffer from epile						
Do you suffer from any o						
(stomach) complaints?	jastronnestinai					
Do you suffer from any li	ver and/or kidne	.V				
problems?	voi aria, or mario	9				
Do you have HIV or AID	S?					
Do you have any condition		r				
immune system?						
Do you suffer from any r	nental health					
issues (including anxiety		>				
Do you suffer from any r						
(nervous system) illness	?					
Do you suffer from any r	espiratory (lung)					
disease?						
Do you suffer from any r	heumatologic					
(joint) conditions)						
Do you have any spleen						
Do you have any other of	onditions?					
WOMEN ONLY						
Are you pregnant?						
Are you breast feeding?	1 21-1					_
Are you planning a pregi	nancy whilst					
away?						
Are you currently taking contraceptive pill)? If					ourchased or a	
Diagram and the lateria				1		
Please provide details			or mal	iaria tadie	Is taken in the pa	1St Delow:
Tetanus/polio/diptheria Typhoid		MMR			Pneumococcal	
Cholera		Hepatitis A			Meningitis	
Rabies		Hepatitis B Japanese			Tick Borne	
Nables		apanese Encephalitis			Encephalitis	
Yellow Fever		BCG			Other:	
Malaria Tablets						
Maidia iddioto						
Any other relevant info	rmation:					

Form Version 6 SK0617