

# St Marys Health Centre Travel Assessment and Immunisation

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Travel immunisation is a complex and time consuming process to deliver in a safe and effective manner. Please ensure you read and complete the relevant sections to ensure your travel assessment can proceed.

1. **Print & Complete this travel pack** in as much detail as possible. Please leave any sections blank if you are unsure. Guessing dates and vaccination history is likely to slow down the assessment. If you have a vaccination record, please bring it with when you return this form.
2. **Visit an approved Travel Advice website** (see below) and select the country or countries you are visiting. This will give you an idea of what vaccinations you are likely to need and how much this will cost. (Our current vaccine charges are shown overleaf).

[www.travax.nhs.uk](http://www.travax.nhs.uk)

[www.travelhealthpro.org.uk](http://www.travelhealthpro.org.uk)

[www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

3. **Book a Travel Assessment** once you have completed your pack and returned it to us but please keep this front page with you. We are unable to make you an appointment until this has been completed. **A discounted fee of £15 (Available July & August only -usually £20) is required at time of booking and is non-refundable.**
4. **Attend your Travel Assessment.** Please bring a method of payment to your appointment as all vaccines must be paid for in full before administration.

*Vaccinations will be given during this appointment subject to availability.* Please be aware we carry limited stock so it's likely we will have to order some of the more complex vaccines during busy times.

5. **Planning your vaccinations.** Your Travel Assessment nurse will advise you on the most effective way to plan your vaccine schedule. Some take a number of months to complete so please bear this in mind when planning foreign travel and complete the paperwork as soon as possible.
6. **Emergency Appointments** are usually available Monday to Saturday outside of regular clinics. These are subject to a non-refundable fee of £50 prior to booking and are by negotiated with our Travel Advisors. Please call 01720 422628 to arrange to discuss your needs.

**PLEASE RETAIN THIS PAGE FOR FURTHER REFERENCE AND RETURN THE SECOND PAGE TO THE HEALTH CENTRE WITH PAYMENT PRIOR TO ARRANGING YOUR APPOINTMENT.**

## Vaccine Charges

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Please note many vaccines require a course of two or more doses and may require boosters after set period of time.

The fees below show the cost per dose and usual number recommended before travel is shown in brackets.

| <b>Travel Assessment</b>    | <b>Payable prior to booking.</b> | <b>£20.00</b>               |
|-----------------------------|----------------------------------|-----------------------------|
| Cholera                     | (2 doses, 1-6 weeks apart)       | £0.00                       |
| Hepatitis A                 | (1 dose)                         | £0.00                       |
| Hepatitis B                 | (3 doses, 1-6 months apart)      | £42.00                      |
| Hepatitis A & Typhoid       | (1 dose)                         | £0.00                       |
| Typhoid                     | (1 dose)                         | £0.00                       |
| Japanese Encephalitis       | (2 doses, 28 days apart)         | £128.00                     |
| Meningitis ACWY             | (1 dose)                         | £70.00 (free for under 25s) |
| Measles, Mumps and Rubella  | (2 doses, 28 days apart)         | £55.00                      |
| Rabies                      | (3 doses over 4 weeks)           | £86.00                      |
| Tick Borne Encephalitis     | (3 doses at 1, 3 & 6 months)     | £65.00                      |
| Tetanus, Diphtheria & Polio | (1 dose if a booster)            | £0.00                       |
| Yellow Fever                | (1 dose)                         | £114.00                     |

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## Section A- Travel Details

Please complete this section in full with as much detail as possible. Once completed, return to the Health Centre in order to arrange your consultation. We cannot reserve your appointment for assessment prior to this form being completed and returned and payment received.

|  |   |   |  |
|--|---|---|--|
| Payment received by:   |   | Assessment date booked:                 |  |
| Name:  |   | Date of Birth:                          |  |
| Email Address:   |   | Gender:                                 | Male <input type="checkbox"/><br>Female <input type="checkbox"/> |
| Telephone Number:  |   | Mobile Number:                          |  |
| Date leaving UK:   |   | Date leaving islands:                   |  |
| Destinations in order of arrival:  |   |   |  |
| Countries to be visited  | Length of stay                                | Region/location                         | How far from medical help will you be at destination?            |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| Type of travel -Please tick all that apply:  |   |   |  |
| Holiday <input type="checkbox"/>   | Business <input type="checkbox"/>             | Volunteer work <input type="checkbox"/> | Healthcare worker <input type="checkbox"/>                       |
| Visiting family <input type="checkbox"/>   | Hotel <input type="checkbox"/>                | Backpacking <input type="checkbox"/>    | Hostels/camping <input type="checkbox"/>                         |
| Risky pursuits/ Diving <input type="checkbox"/>  | Safari <input type="checkbox"/>               | Cruise ship <input type="checkbox"/>    | Altitude <input type="checkbox"/>                                |
| Other:<br>.....  |   |   |  |
| Is this trip organised by:   | Individual traveller <input type="checkbox"/> | Tour company <input type="checkbox"/>   | Work <input type="checkbox"/>                                    |
| Medical Details:   |   |   |  |
|  | Yes   | No                                      | Details:   |
| 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 having your spleen or thymus gland removed? |   |   |  |
| Recent chemotherapy/radiotherapy/organ transplant?   |   |   |  |
| Anaemia?   |   |   |  |
| Bleeding /clotting disorders (inc history of DVT)?   |   |   |  |
| Heart disease (e.g. angina, high blood pressure)?  |   |   |  |
| Disability?  |   |   |  |
| Epilepsy/seizures?   |   |   |  |
| Diabetes?  |   |   |  |

|  | Yes    | No  | Details: |
|--|--------|---|----------|
| Gastrointestinal (stomach) complaints?   |        |   |          |
| Liver and or kidney problems?  |        |   |          |
| HIV/AIDS   |        |   |          |
| Immune system condition  |        |   |          |
| Mental health issues (including anxiety, depression)   |        |   |          |
| Neurological (nervous system) illness  |        |   |          |
| Respiratory (lung) disease   |        |   |          |
| Rheumatology (joint) conditions  |        |   |          |
| Spleen problems?   |        |   |          |
| Any other conditions?  |        |   |          |
| Women only:  |        |   |          |
| Are you pregnant?  |        |   |          |
| Are you breast-feeding?  |        |   |          |
| Are you planning pregnancy while away?   |        |   |          |
| Please list all medication you are currently taking including herbal and non-prescribed drugs:             |        |   |          |
| Name of drug   | Dose   | Name of Drug  | Dose     |
|  |        |   |          |
|  |        |   |          |
|  |        |   |          |
|  |        |   |          |
| Previous vaccination history and date received:  |        |   |          |
| Hepatitis A  |        | Yellow Fever  |          |
| Hepatitis B  |        | Tetanus, Diphtheria & polio   |          |
| Typhoid  |        | Rabies  |          |
| Cholera  |        | Meningitis ACWY   |          |
| BCG for Tuberculosis   |        | Meningitis B  |          |
| Measles, Mumps & Rubella   |        | Pneumococcal  |          |
| Tick- Borne Encephalitis   |        | Influenza   |          |
| Japanese Encephalitis  |        | Other (please specify)  |          |
| Please state which website you used for your travel planning.....  |        |   |          |
| Have you taken or plan to take out Travel Insurance?   | Yes/No | Insurance cover of £2m+ to include medical evacuation/repatriation is generally recommended for travellers. |          |
| Please state any other information which may be useful or relevant to your consultation:<br>.....<br>..... |        |   |          |

