**FRONT PAGE – FOR PATIENT TO KEEP**

**Important notice to patients regarding**



 **TRAVEL INJECTIONS**

If you are a gap year student or a parent of, a regular traveller or just on your annual holiday abroad please help us to help you!

**PLEASE PLAN AHEAD**

We cannot accommodate patients travelling imminently.

If you book a visit abroad late, we may not be able to assist you.

In these circumstances, we can give you a print-out of any injections (known to us) that you have had previously. There are several private travel centres that may be able to help you – as they are private organisations their charges may differ to ours. May pharmacies offer travel vaccines and can find them on google.

Please visit these websites prior to your consultation so you can come to your appointment with an awareness of what vaccines may be recommended:

NHS public travel site – <https://travelhealthpro.org.uk/>

Department of Health – [www.dh.gov.uk](http://www.dh.gov.uk)

Foreign and Commonwealth Office – [www.fco.gov.uk/knowbeforeyougo](http://www.fco.gov.uk/knowbeforeyougo)

**Please note that while there is no charge for the appointment, some travel vaccinations and malaria tablets are not funded by the NHS and so there is a charge for these, which will need to be paid at the time of the appointment. Payment can be made by cheque, cash, debit or credit card (not American Express). Card payment can only be made at Witley Surgery.**

**PLEASE CHECK CURRENT COVID-19 GUIDELINES PRIOR TO TRAVEL**

**What to do next?**

1. Complete a Travel Form for each person travelling. We need to perform a risk assessment before deciding which vaccines are recommended and to give advice that will best address your needs. Also for some destinations, you will need to receive a course of vaccines over a 6 week period or longer. For this reason, we request that you complete the attached questionnaire as fully as possible.
2. Detach completed form and hand into Receptionist or send via our website <http://www.witleyandmilforddrs.co.uk/>
3. Telephone the Surgery (please allow 5 working days) to check if vaccinations required, and make appointment with Nurse if necessary.
4. For vaccinations to have any effect, they need to be given at least 2 weeks before the date of travel.
5. Please bring with you to your travel consultation, any immunisation record books for updating.

It would help us greatly if you had some awareness of the travel health problems that you may be of risk from on your trip, before you come to your appointment.

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| **Vaccination Prices** | **Full Course** |
| Cholera | No charge |
| Hepatitis A | No charge |
| Hepatitis B | Adult: £30 each Child: £25 each |
| Hepatitis A & Typhoid (Viatim) | No charge |
| Typhoid (Typhim) | No charge |
| Meningitis (Nimenrix) | £50 |
| Rabies (not currently available at the surgery) | £145 for a course of 3 or single dose £55 |
| Private prescription c/o antimalarials | £15 |
| Diphtheria/Tetanus/Polio | No charge |
| Jap B Encephalitis Adult | £190 for a course of 2 or single dose £95 |

**TRAVEL RISK ASSESSMENT FORM** – to be completed by traveller prior to appointment.

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| Name: | Date of birth |
| Email: | Mobile number: |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** |
| Date of departure: | Total length of trip: |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | **CITY OR RURAL** | **LENGTH OF STAY** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Have you taken out travel insurance for this trip? YES / NODo you plan to travel abroad again in the future? YES / NO |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY** |
| □ Holiday □ Staying in hotel □ Backpacking Additional information□ Business trip □ Cruise ship trip □ Camping/hostels□ Expatriate □ Safari □ Adventure□ Volunteer work □ Pilgrimage □ Diving□ Healthcare worker □ Medical tourism □ Visiting friends/family |

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| **Are you currently taking any medication other than prescribed by a doctor** (i.e. over the counter medication)? If yes, please give details. |
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| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST****With dates if known** |
| Tetanus/polio/diphtheria |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis |  |
| Rabies |  | JapaneseEncephalitis |  | Tick BorneEncephalitis |  |
| Yellow fever |  | BCG |  | Other |
| Malaria Tablets |