



Travel Vaccinations

Please note that travel vaccinations are not part of the NHS and this service is provided privately. Therefore, you may be able to obtain the same service with an alternative supplier.

- If you would like to attend Temple Cowley Health Centre for travel immunisations please complete this request form.
- Please complete a **separate** Travel Vaccination request form for each individual traveller.
- By signing or emailing us this form you are consenting under GDPR (General Data protection Regulation) for the surgery to communicate by email or telephone.
- You may like to look at fitfortravel.nhs.uk and nathnac.org for recommendations.
- Diphtheria, tetanus, polio, typhoid and hepatitis A are free on the NHS
- Some travellers may be at risk of other diseases. There is a charge for these vaccines. Please see price list over..
- In requesting to attend Temple Cowley Health Centre for your travel vaccinations you are agreeing to these prices.
- Where possible **please complete this form at least 8 weeks** before your departure date as some vaccinations require more than one dose and can take 4 weeks to give full protection.
- **If you are travelling in the next four weeks we will be unable to see you for travel.** Please consult an alternative provider, such as a local pharmacy or private provider for travel advice.
- Once you have completed your form please return it to Reception and allow a minimum of 10 working days to enable your form to be processed. **You must then contact us to arrange an appointment with the nurse**





Travel Services Price List

Vaccinations.

All prices include consultation, advice and administration of the vaccine

Vaccine	Price Per Dose	Doses Required	Total Cost Of Course
Diphtheria/Tetanus/Polio			Free
Hepatitis A			Free
Hepatitis A & Typhoid Combined			Free
Hepatitis B Booster	£40	1	£40
Hepatitis B*	£50	3	£150.00
Japanese Encephalitis	£100	2	£200.00
Meningitis ACWY**	£70	1	£70.00
Rabies	£75	3	£225.00
Tickborne encephalitis	£64	2	£128.00
Typhoid			Free

* Hepatitis B can only be given for travel purposes, we may therefore ask you for proof of travel. If you require this for occupational reasons please consult your employer's Occupational Health provider

** Unless eligible under National Immunisation Schedule

Other Travel Items

Holiday Cancellation Simple Form	£15.00
Pregnant Woman's Medical Certificate	£15.00
Travel Insurance Cancellation Claim Form	£26.00

Payment must be made in full for all courses at the first appointment.

We accept payments by cash or credit/debit card.



Temple Cowley Health Centre Travel Form

Personal Details			
Name		Date of Birth	
Address		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
		Mobile No.	
		E-Mail	
Dates of Trip			
Date of Departure			
Return date or overall length of trip			
Details about destinations, including stopovers			
Country and location to be visited	Length of stay	Will you be away from medical help at destination? If so, how remote?	
1.			
2.			
3.			
4.			
Please tick as appropriate below to best describe your trip			
1. Type of trip	Business* <input type="checkbox"/>	Pleasure <input type="checkbox"/>	Other <input type="checkbox"/>
2. Holiday type	Package <input type="checkbox"/>	Self-organised <input type="checkbox"/>	Backpacking <input type="checkbox"/>
	Camping <input type="checkbox"/>	Cruise <input type="checkbox"/>	Trekking <input type="checkbox"/>
3. Accommodation	Hotel <input type="checkbox"/>	Guesthouse <input type="checkbox"/>	Relatives/Home <input type="checkbox"/>
	Hostel <input type="checkbox"/>	Camping <input type="checkbox"/>	Other <input type="checkbox"/>
4. Travelling	Alone <input type="checkbox"/>	With family <input type="checkbox"/>	In a group <input type="checkbox"/>
5. Staying in area which is	Urban <input type="checkbox"/>	Rural <input type="checkbox"/>	Altitude <input type="checkbox"/>
6. Planned activities	Safari <input type="checkbox"/>	Adventure/Sport <input type="checkbox"/>	Other <input type="checkbox"/>
Personal Medical History			
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)			
List any current or repeat medication			
Do you have any allergies? For example eggs, antibiotics, nuts or latex			
Have you ever had a serious reaction to a vaccine given to you before?			
Does having an injection make you feel faint?			
Do you or close family members have epilepsy?			



Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Do you smoke? If so how much?
Do you drink alcohol? If so how many units per week?
Women only: Are you pregnant or planning pregnancy or breastfeeding?

* If vaccines are required for work purposes, please consult your employer's occupational health provider as we are unable to provide these.

FOR OFFICIAL USE		
Patient ID (EMIS No.)		
Travel Vaccines recommended for this trip		
Disease Protection	Recommended (Yes or No)	Cost
Diphtheria/Tetanus/Polio		
Hepatitis A		
Hepatitis B		
Japanese Encephalitis		
Malaria		
Meningitis ACWY**		
Rabies		
Tickborne encephalitis		
Typhoid		
Yellow Fever		
TOTAL PAYABLE FOR THIS TRIP		£