

To-day's Date: \_\_ / \_\_ / \_\_

Name: .....D.O.B.....

Address: .....

..... Postcode: .....

Tel: ..... Mobile: .....

**General health: Do you smoke? Yes/No**      **Height** \_\_\_\_\_  
**Weight** \_\_\_\_\_

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- Please list destination(s) of travel, (in date order if more than one)
- For each destination, write how long you will be in each country:

.....

.....

.....

Duration of Trip: .....

Date of Departure: .....

Type of trip (eg holiday, business etc) .....

Information on vaccination & malaria prevention recommendations for all countries can be found at [www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk) and we recommend you look at this before your appointment if you have access to the internet

Please book an appointment if the Travel Nurse has ticked any of the items opposite. You may need more than one appointment according to your vaccination requirements

**Remember to bring this leaflet to your appointment.**

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The nurse will tick an appropriate box below;

**10** min General appointment.     **20** min Travel appointment.

**30** min Travel clinic appointment.

You are currently up to date with all recommended vaccinations

There are no vaccinations recommended for your trip

- Tetanus, Diphtheria and IPV (Polio).      FREE
- Hepatitis A Course of 2 injections:      FREE
  - Second injection within 12 months.
- Hepatitis A Booster only.      FREE
- Typhoid      FREE
  
- Yellow Fever minimum 10 days prior to travel:      £50.00
  - Price includes certificate.
  - Re-issue certificate (only if given at this surgery).      £20.00
  
- Meningitis ACWY:      £35.00
  - Private prescription + administration of vaccine

**NB you will need to collect and pay for the vaccine from the chemist and store in fridge. ( This will be an additional cost)**
  
- Hepatitis B Course of 3 injections:      £95.00
- Hepatitis B single injection      £35.00
  
- Rabies Course of 3 injections (over 28 days):      £65.00
  - Private prescription + administration of vaccines

**NB you will need to collect and pay for the vaccine from the chemist and store in fridge . (This will be an additional cost)**
  
- Japanese Encephalitis Course of 2 injections (over 28 days):      £50.00
  - Private prescription + administration of vaccines

**NB you will need to collect and pay for the vaccine from the chemist and store in fridge. (This will be an additional cost)**
  
- Tickborne Encephalitis Course of 3 injections      £65.00
  - Private prescription & administration of vaccines

**NB you will need to collect and pay for the vaccine from the chemist and store in the fridge. (This will be an additional cost)**
  
- Anti – Malaria:
  - Advice only needed.
  - Proguanil and chloroquine. Buy from chemist without prescription
  - Malarone, doxycycline or mefloquine.

Private prescription      £20.00

**NB you will then need to buy the tablets from the chemist**

## Travel Health

Many health problems associated with travel abroad cannot be prevented by vaccinations alone & therefore it is essential that you take measures to protect your health whilst travelling.

Before seeing our practice nurses we strongly recommend that you have obtained information on the potential health risks associated with your destination, and the specific risks that your type of travel and length of stay might incur.

If you are travelling to a European Country or Switzerland we recommend you obtain a **'European health Insurance Card'** (EHIC – replacement for E111). This entitles you to reduced cost or free medical treatment that becomes necessary whilst you are in a European country or Switzerland. You are strongly recommended to arrange travel insurance on top of this.

You can apply for this online:

[www.dh.gov.uk/policyandguidance/healthadvicefortravellers/fs/en](http://www.dh.gov.uk/policyandguidance/healthadvicefortravellers/fs/en)

By phone: 0845 606 2030

Or you can collect the form with pre-paid envelope from the Post Office

You will need your National Insurance or NHS number

For office only date received  
Date of Departure:

## Whitewater Health

### Travel Clinics



Whitewater Health

**When the travel nurse has looked at your request and given recommendations for your trip, this form will be posted back to you.**

**Please fill in a form for each member of your family.**