

Perth City Medical Centre, Caledonian Road, Perth

TRAVEL CLINIC INFORMATION AND QUESTIONNAIRE

If you plan to travel abroad, you may require vaccinations or health advice. Please note that a minimum of 8 weeks is normally required before travel, to ensure adequate time is available for some vaccination courses to be completed. When travelling for longer periods, or to more remote areas, it is important to give extra time before travel (10-12 weeks).

In order that we may advise you appropriately, please complete the questionnaire, hand it back to us, and telephone the surgery 6 weeks prior to departure to arrange an appointment with the practice nurse.

The practice nurse will advise you of the vaccinations required at the consultation.

The following vaccinations are available through the NHS (i.e. there is no charge):

- ◆ Tetanus
- ◆ Polio
- ◆ Hepatitis A
- ◆ Typhoid
- ◆ Diphtheria

For all other vaccinations, there is a charge for the prescription of the vaccine and for the practice nurse's administration time (see over). There is also a charge for the prescription of medication required for malaria prophylaxis. These charges are:

£18 per item for a private prescription
£15 per individual vaccination*

Please note that a further charge (which may vary between pharmacies) will be incurred at the pharmacy for dispensing the prescription and for the cost of the product, e.g the cost of the three rabies vaccines can cost from £108.00.

We are a Yellow Fever Centre and the cost of this vaccination is £55.00 per person.

*Please note this charge is for an individual vaccination – therefore, if your travel requires you to have vaccination, for example, against Hepatitis B, the course will entail three vaccinations and incur three charges. This will be repeated for each course of vaccinations you require.

QUESTIONNAIRE

Name _____

D.o.B. _____

Address _____

Date of Travel _____

Telephone _____ (Home) _____ (Work/Mobile)

Which countries are you visiting? _____

Please state resort/region _____

How long do you intend staying? _____

Are you going to stop anywhere, e.g. to change flights? _____

If so, where? _____

Type of accommodation (please circle)

Hotel

Back Packing

Camping

Private Home

Cruise

Other _____

Are you allergic to anything? _____

Have you reacted badly to any previous vaccine? _____

Are you pregnant or breast feeding? _____

Previous Vaccines _____

Previous Travel (5 Years) _____

Medical
History _____

Urban/ Rural Travel _____

List of Itinerary _____

I confirm that the above information is correct, to the best of my knowledge, and request immunisation/anti-malarial advice appropriate to my trip.

Signature (parent if child under 16) _____

Date _____