

**PERTH CITY MEDICAL CENTRE, CALEDONIAN ROAD, PERTH**

Below are the costs for travel vaccinations which are not available on the NHS. The total cost can be paid when collecting your prescription or prior to each vaccination. If payment is made prior to each vaccination, the form must be initialled at reception before you attend your appointment with the nurse. The nurse will need to check that payment has been made before the vaccination can be administered. *It is therefore important that you bring this form with you each time you attend for vaccination.*

**NAME:** \_\_\_\_\_ **DoB:** \_\_\_\_\_

**Rabies** Required Yes / No

		Date Paid	Initials
*Prescription	£18.00		
1 <sup>st</sup> Injection	£15.00		
2 <sup>nd</sup> Injection	£15.00		
3 <sup>rd</sup> Injection	£15.00		
<i>Total Cost</i>	<i>£63.00</i>		

**Japanese B encephalitis** Required Yes / No

		Date Paid	Initials
*Prescription	£18.00		
1 <sup>st</sup> Injection	£15.00		
2 <sup>nd</sup> Injection	£15.00		
<i>Total Cost</i>	<i>£48.00</i>		

**Hepatitis B** Required Yes / No

		Date Paid	Initials
*Prescription	£18.00		
1 <sup>st</sup> Injection	£15.00		
2 <sup>nd</sup> Injection	£15.00		
3 <sup>rd</sup> Injection	£15.00		
<i>Total Cost</i>	<i>£63.00</i>		

**Tick-borne Encephalitis** Required Yes / No

		Date Paid	Initials
*Prescription	£18.00		
1 <sup>st</sup> Injection	£15.00		
2 <sup>nd</sup> Injection	£15.00		
3 <sup>rd</sup> Injection	£15.00		
<i>Total Cost</i>	<i>£63.00</i>		

**Malaria prophylaxis** Required Yes / No

		Date Paid	Initials
*Prescription	£18.00		

**\* Prescription charge does not include any charges made by the chemist**

**Yellow Fever** Required Yes / No

		Date Paid	Initials
Vaccination	£55.00		