

The Cross Keys Practice Travel Vaccination Request Form

- If you would like to attend the Cross Keys Practice 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.
- If you are not currently registered patient you can have immunisations as a temporary patient. For this you will need to fill in a temporary resident form prior to your appointment and ask the surgery where you are registered to provide you with a list of the immunisations you have received along with an up to date medical summary.
- 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 at the Cross Keys.
- Some travellers may be at risk of other diseases. There is a charge for these vaccines. Please see below.
- In requesting to attend the Cross Keys Practice you are agreeing to these prices.
- Where possible 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 less than three weeks notice is given prior to travel we may NOT be able to offer an appointment.
- We receive Travel vaccination request forms at reception and we can also process forms through our website: www.crosskeyspractice.co.uk. A travel vaccination appointment can be made when you submit your form. However please allow a minimum of 10 working days prior to your appointment to enable your form to be processed.

The Cross Keys practice travel immunisation charges:

Yellow fever £75

Rabies £75 per dose. Initial course of three required

Hepatitis B £44 per dose. Initial course of three required
 Japanese encephalitis £125 per dose. Initial course of two required
 Meningitis ACWY £68

Surname:	Forename:	Date of Birth:
Contact details: Telephone number Email	Departure Date:	Length of stay:
Countries to be visited including stopovers:		
Special considerations: e.g. backpacker, safari, rural areas to be visited, school trip, aid worker:		

Are you pregnant, breast feeding or planning a pregnancy?
Do You Smoke? Y / N Daily Amount:-
Please record any allergies (drugs/food)
Are you undergoing chemotherapy/radiotherapy or have you in the past 6 months?

Please enter dates of any vaccinations you have received. This is particularly useful if you have had vaccinations outside general practice, such as at school or work.

Diphtheria	Tetanus	Polio
Hepatitis A 1 2	Yellow Fever	Typhoid
Hepatitis B 1 2 3	Rabies 1 2 3	Meningitis C Meningitis A&C Meningitis ACWY
Japanese Encephalitis	Tick borne encephalitis	Other

Please note that no vaccine offers 100% protection and a small proportion of individuals get infected despite vaccination

For completion by Surgery Administration only:

Date Received	Date processed
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IMMUNISATIONS RECOMMENDED

(R=strongly recommended S=sometimes recommended)

Diphtheria /Tetanus/Polio		Tuberculosis	
Hepatitis A		Yellow Fever	Typhoid
Hepatitis B		Rabies	Meningitis ACWY
Japanese encephalitis		Tick borne encephalitis	Cholera

MALARIA CHEMOPROPHYLAXIS

Advice only		Chloroquine		Paludrine	
Mefloquine (Larium)		Malarone		Doxycycline	

GP AUTHORISATION FOR ALL VACCINES AS RECOMMENDED ABOVE

GP signature:	Date:
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