





# NORTHFIELD MEDICAL CENTRE

## Available Travel Vaccines & Prices

Vaccination	Price
Tetanus / Diphtheria / Polio	Available on NHS
Hepatitis A - Adult	Available on NHS
Hepatitis A - Child	Available on NHS
Typhoid - 2 years+	Available on NHS
Hepatitis A & Typhoid - (Combined) - Adult	Available on NHS
Cholera	Available on NHS
Hepatitis A & B - (Combined) - Adult	Available on NHS
Hepatitis A & B - (Combined) - Child	Available on NHS
Hepatitis B - Adult	Not available - Private Clinic Required
Hepatitis B - Child	Not available - Private Clinic Required
Meningitis ACWY	Not available - Private Clinic Required
Rabies	Not available - Private Clinic Required
Yellow Fever	Not available - Private Clinic Required
Japanese Encephalitis	Not available - Private Clinic Required
Tick Bone Encephalitis	Not available - Private Clinic Required
Malaria Prophylaxis Private Prescription	£25 + Cost of medication at pharmacy

### Next step.....

Please complete the Pre-Travel Health Assessment Form attached and return to reception.

Please note all forms must be fully completed to allow the practice nurse to carry out a proper risk assessment. Incomplete forms will be returned which may cause a delay in you being able to receive your vaccinations.

## Northfield Medical Centre

**TRAVEL RISK ASSESSMENT FORM** – to be completed by traveller prior to appointment.

Name:		Your country of origin:		
		Date of birth:		
		Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/>		
E mail:		Telephone number:		
		Mobile number:		
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>				
Date of departure:		Total length of trip:		
<b>COUNTRY TO BE VISITED</b>	<b>EXACT LOCATION OR REGION</b>	<b>CITY OR RURAL</b>	<b>LENGTH OF STAY</b>	
1.				
2.				
3.				
What modes of transport will you be using? Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the near future?				
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY</b>				
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>	
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels		
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure		
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving		
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family		
<b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>				
	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>	
Are you fit and well today				
Any allergies including food, latex, medication				
Have you, or anyone in your family, had a severe reaction to a vaccine or malaria medication before?				
Tendency to faint with injections				
Any surgical operations in the past, including e.g. open-heart surgery, spleen or thymus gland removal?				
Recent chemotherapy/radiotherapy/organ transplant				
Anaemia				
Bleeding /clotting disorders (including history of DVT)				
Heart disease (e.g. angina, high blood pressure)				
Diabetes				
Additional needs and/or disability				
Epilepsy/seizures (or in a first degree relative?)				
Gastrointestinal (stomach) complaints				
Liver and or kidney problems				
HIV/AIDS				

	YES	NO	DETAILS
Immune system condition e.g. blood cancer			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Are you or your partner pregnant or planning a pregnancy?			
Are you breast feeding (if applicable)			
Have you or anyone in your family undergone FGM / been cut / circumcised			

**Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)?

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**PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST**

Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick borne encephalitis	
Yellow fever		BCG		Other	

COVID-19 (dates, brand etc.)

Malaria Tablets

**Any additional information**

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