

RED PRACTICE TRAVEL HEALTH SERVICE

Thank you for enquiring about the Red Practice Travel Health Service. This service has been designed to provide the traveller with all the information they require when travelling abroad.

This service is, in part, outside the scope of the NHS. Most vaccines are free on the NHS but some are not, and there may be a charge included in the fee to cover the cost of administering the treatment.

The following vaccines are NOT available on the NHS. If you receive any of the following vaccines you will be charged as follows:

Hepatitis B	Japanese B Encephalitis – To be acquired from a Pharmacy - private prescription fee will be charged by Pharmacy.
Meningococcal Meningitis	
Rabies	
Tick borne Encephalitis	

£35.00 Adult (16+00)

£45.00 (Family – up to 4 Children)

Other Charges

£23.00 Fitness to Travel Certificate

£15.00 Passport Counter Signature

£30.00 Insurance Claim

You must complete a Travel Health Service Questionnaire at least 8 weeks in advance of your intended travel. Forms are available from reception.

Please ensure that all sections are completed. It is your responsibility to ensure that the dates of the previous vaccinations are completed.

We cannot be held responsible for checking each vaccination against your medical records, as they may not be complete (especially if you received vaccinations elsewhere).

After handing in your form please make an appointment with the nurse about 10-14 days later. This will allow her to order in any NHS vaccines you require.

If you require other vaccines she will arrange a private prescription with the doctor for you to collect (please ensure we have a daytime contact number so we can inform you when this is ready to be collected)

Fiona Keay - Senior Practice Nurse

RED PRACTICE TRAVEL HEALTH SERVICE QUESTIONNAIRE

Surname:

First Names:

Date of Birth:

Address:

Day time telephone number:

Appointment time:

Name of Nurse:

1. Which countries do you intend to visit (including any stopovers however brief):

2. Departure date:

3. Duration of stay:

4. Where will you be staying:

5. Does your journey include:

*Please circle appropriate

Type	Duration
4/5 – star hotels	
Other hotels/ guest houses	
Hostels	
Camping/sleeping rough	
Safari lodge	
Friends/relatives	
Other:	

Areas of civil unrest	YES/NO*
Coastal areas	YES/NO*
Inland areas	YES/NO*
High altitude	YES/NO*
Safari/ Jungle	YES/NO*

6. Have you ever had any of the following vaccinations and if so when?

Typhoid	
Yellow Fever	
Hepatitis A	
Hepatitis B	
Tetanus	
Polio	
Diphtheria	
BCG	
meningitis	
rabies	

- Do you have any allergies (including eggs, neomycin or other medication)?
- Do you currently take any medication (including steroids or immuno –suppressive medication)?
- Are there any immunosuppressed persons in your household? **YES/NO***
*Please circle appropriately
- Have you ever had or are you suffering from heart or lung disease or any other chronic illness? *Please circle appropriately **YES/NO***

Thank you for completing the form, which should now be forwarded to

The Red Practice

Tel 01738 625842

Whitefriars Surgery

Fax 01738 445030

Whitefriars St

fkeay@whitefriars2.tayside.scot.nhs.uk

Perth PH1 1PP