

We continue to provide the NHS vaccines Hepatitis A, typhoid and diphtheria, tetanus and polio vaccinations in line with our contract for NHS vaccine provision.

However, due to significant cuts in NHS funding, Richmond Surgery can no longer provide free travel advice. Should you require travel advice, this is available as part of our Private Travel Clinic for both registered and non-registered patients.

The Private Travel Clinic will provide you with:

1. A full research and review your available past immunisation history.
2. A full research and check of the vaccines recommended for your travel destination. They will also advise you of the vaccination fee.
3. A private travel appointment with a specialist travel nurse to review and discuss both 1 and 2 above, administer the recommended vaccines.

To facilitate the above, you will need to:

1. Complete the Private Travel Vaccination Agreement below and deliver to reception at least 6 weeks before travel. Option A overleaf.
2. Book your private travel clinic appointment and pay the private travel clinic fee of £35 per trip/per person payable by cash at reception, or by debit card at Wellbeing Pharmacy. This must be paid at the time of booking your appointment so that the research and review work can proceed.
3. Attend your private travel clinic appointment. Pay for any chargeable non NHS Vaccines as recommended and administered by our travel nurse. You may be contacted prior to your appointment to confirm any vaccine charges. If you are, please attend early for your appointment to make payment and to ensure no delays during your appointment.

Alternatively, you can:

1. Research and review your available immunisation history by either:
 - a. Using your GP Online Services and view your Summary Care record.
 - b. Request at reception a print out of your available computerised immunisation history that we may have
2. Visit www.fitfortravel.nhs.uk or travelhealthpro.org.uk and enter your destination. Research the recommended vaccines.
3. If you are confident that you ONLY require the free NHS Vaccines, and do not require any chargeable travel vaccines, you can Self-Declare and complete the Travel Vaccine Form Option B overleaf for free NHS Vaccines Only and return this to reception at least 4 weeks before your travel.
4. Book a 10 min appointment (per patient) to receive these vaccines ONLY.

NB: This 10 minute appointment will NOT include any travel advice, will not check the recommended vaccines for your destination and does not include a review or check your immunisation history. This is why you will be Self-Declaring this research and review. If at any time you are uncertain, or if you also require chargeable travel vaccines, please select the Private Travel Clinic option.

Private Travel Clinic Agreement – Option A

Name	DOB
Address	
Daytime Contact Tel No:	GP/Surgery

Please list all countries to be visited, in date order, including stop-overs:

Travel Date	Country	Region	Length of Stay

I have answered these questions correctly to the best of my knowledge.

PATIENT, NON PATIENT OR PARENT/GUARDIAN: *select one*

Signature _____ Dated _____

For Office Use Only:

Recommended Vaccines	
Required Vaccines	
Malaria Risk / Insect Bite Protection	

Travel Vaccine Form - Option B

Name	DOB
Address	
Daytime Contact Tel No:	GP/Surgery

I confirm and self-declare that I have researched appropriate travel advice on the www.fitfortravel.nhs.uk or travelhealthpro.org.uk websites and would like an appointment for the following free NHS vaccines:

PATIENT, NON PATIENT OR PARENT/GUARDIAN: *select one*

Signature _____ Date _____

	Tick Box
Hepatitis A (Havrix/Avaxim)	
Hepatitis A Paediatric (Havrix Junior/VAQTA Paediatric)	
Hepatitis A & B Combined	
Typhoid (Typhim Vi)	
Hepatitis A & Typhoid Combined (Viatim)	
Tetanus, Diphtheria and Polio (Revaxis)	
Private Prescription for:	
Malarone	
Chloroquine (Avlochlor)	
Proguanil (Paludrine)	
Doxycycline	

For Office Use Only - Patient Specific Direction (PSD)

I authorise for the above named patient to receive the above vaccinations administered by the Practice Nurse/Health Care Professional who is qualified to do so and is employed by this practice.

Signed	Dated
Print Name	
Qualification	