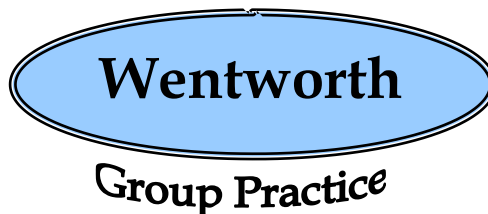


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## **TRAVEL QUESTIONNAIRE**

Dear Patient

Please complete the attached travel questionnaire 4-6 weeks before you travel which will enable us to complete a full personalised vaccination programme.

Please complete a questionnaire for each member of your family travelling with you (including children and babies).

Once you have completed this questionnaire, please return it to reception and make an appointment with our Practice Nurse. Please make sure you provide us with an up to date contact details.

Please note that some vaccinations are NOT available under the NHS and the charges for these are as follows:

Hepatitis B (3 injections per course) £50 per vaccine	£150 per course
Japanese B Encephalitis (2 injections per course)	£90 per injection
Meningitis A & C (1 injection)	£70
Rabies (3 injections per course)	£50 per injection
Tick Bourne Encephalitis (3 injections per course)	£70 per injection
Influenza Vaccine (flu jab)	£15
Pneumonia	£15
<b>FORMS/CERTIFICATES</b>	
Holiday Cancellation Form/Letter	£35
Fit to Travel Letter	From £35
Vaccination Certificate	£25 (children below 16yrs of age £5)
E Private Prescription	£25

Anti-malarial drugs are NOT available on NHS prescription, but you will be advised on appropriate treatment, which can be purchased from a pharmacy or issued on a private prescription for which a charge may be made.

**Parents:** Please bring along you child's red immunisation book for any child who is to be vaccinated.

# Wentworth Group Practice – Travel Questionnaire

Surname ..... Forename.....

Date of Birth..... Contact Number.....

1. Date of Departure..... 2. Length of Stay.....

3. Please list the countries you are visiting.....

4. Please circle as appropriate to describe your trip:

### Holiday Type:

Package Self organised Backpacking Camping Trekking Cruise Ship

### Accommodation:

Hotel Relatives Home Other

5. Do you have any long term medical conditions? Yes/No (please give details).....

6. Do you have a history of epilepsy? Yes/No (please give details).....

7. Have you ever experienced anxiety, depression or any other psychological problems that have required treatment? Yes/No (please give details).....

8. Have you had your spleen removed? Yes/No (please give details).....

9. Do you have any allergies? Yes/No (please give details).....

10. Are you taking any medication including the oral contraceptive pill or have you been on antibiotics within the last 10 days? Yes/No (please give details).....

11. Are you pregnant, breast feeding or planning pregnancy? Yes/No.....

12. Are you HIV positive? Yes/No.....

13. Have you recently received treatment with radiotherapy, chemotherapy or steroids? Yes/No.....

I can confirm the above information is correct and I consent to receiving the required vaccinations for my trip. I understand the vaccination schedule that has been explained to me. I understand that there may be charge for these and agree to the payment terms of these.

Signed.....(State if parent/carer) Date:.....

Practice Use: Travel Risk Assessment Form Yes [ ] No [ ]

Vaccinations Required:.....

Appointment Booked.....Payment Rec'd £.....Cash/Cheque Signed.....