

Vaccination History

Have you ever had any of the following vaccinations / malaria tablets and if so when?

Tetanus	Polio	Diphtheria
Typhoid	Hepatitis A	Hepatitis B
Meningitis	Yellow Fever	Influenza
Rabies	Jap B Enceph	Tick Borne

Other

Malaria Tablets

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and I have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: Date:

FOR OFFICIAL USE ONLY:

Patient Name:

Travel risk assessment performed Yes [] No []

Notes required Yes [] No [] (If yes please attach)

Travel vaccines recommended for this trip

Disease protection	Yes	No	Patient declined vaccine	Further information
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Encephalitis				
Tick Borne Encephalitis				
Other				

Travel advice and leaflets given as per travel protocol

Food water and personal hygiene advice		Travellers' diarrhoea		Blood and bodily fluid infection risks eg. Hepatitis B	
Insect bite protection		Animal bites		Accidents	
Insurance		Air Travel		Sun and Heat Protection	
Websites		SMS vaccines reminder service set up			
Travel record card supplied		Other			

Malaria prevention advice and malaria chemoprophylaxis

Chloroquine and Proguanil		Atovaquone + Proguanil	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Further Information

e.g Weight of Child

Authorisation for Patient Specific Direction (PSD) Use

Assessor's Name:..... Signature: Date:

Prescriber's Name:..... Signature:..... Date:.....

MARKET HARBOROUGH MEDICAL CENTRE**PRIVATE VACCINE PRICE LIST**

To be completed by the Nurse

EMIS NO:.....**DATE:****PATIENT NAME:**

	£	No of Vaccines to be Given	Cumulative Total
Hep B - Standard 0,1,6 month booster	105.00		
Accelerated 0,1,2,12 month booster	105.00		
Super Accelerated 0,7,21 days & 12 month booster	105.00		
Hep B 5 Yearly booster	35.00		
Rabies course 0,7,28 days	135.00		
Rabies booster 2/3 Year	45.00		
Tick borne Encephalitis 0,1-3m,5-12months	177.00		
Meningitis ACWY 1 dose (inc Certificate)	31.00		
Yellow Fever 1 dose (inc Certificate)	60.00		
Malaria Tablets	TBA		
GRAND TOTAL			

Only Cash/Cheque Accepted