



TRAVEL CLINIC

PATIENT NAME:

VACCINATION	CHARGE (per injection)	GIVEN (please tick)	PAID (please tick)
MENVEO meningitis (ACWY)	82.00		
Energix B (Hepatitis B) 3 injections required	45.00 each		
Japanese Encephalitis 2 injections required	95.00 each		
Tick Borne Encephalitis (3 injections req'd)	69.00 each		
Rabies 3 injections required	66.00 each		
Yellow Fever including Certificate	57.00		
Yellow Fever Exemption Certificate	10.00		
Hepatitis A	No charge NHS		N/A
Cholera	No Charge NHS		N/A
Tetanus, Diptheria	No Charge NHS		N/A
Polio	No Charge NHS		N/A
Typhoid	No Charge NHS		N/A

Payment taken by:

NURSE: Please tick which injections have been administered and hand this form to reception staff who will then take the payment.

RECEPTIONIST: Please take payment for the above and then keep this form with the money in the blue tin for the Finance Dept to collect.

THIS FORM CAN BE COPIED AND GIVEN TO THE PATIENT AS A RECEIPT.