

ROWCROFT MEDICAL CENTRE

Dr Richard Waldon
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www.rowcroftmc.nhs.uk

Rowcroft Retreat
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Travel Vaccinations

We are only able to provide the free NHS Vaccinations recommended for travel. We cannot provide travel advice and you will have to seek travel advice from another service. Local providers are listed below. If the Travel service recommends that you require the NHS vaccinations simply return to the practice, with the form below completed, and book the next available appointment with a Practice Nurse. If the next available appointment is not soon enough for your travel needs then you will have to book with a Private provider and pay for the vaccinations required.

The travel clinic will need your up to date vaccination history. Please either access online, or contact reception and we will provide a list for you.

The Cheltenham Travel Clinic

11 Royal Crescent, Cheltenham, GL50 3DA - Tel: 01242 580248

<http://www.cheltenhamtravelclinic.co.uk/contact.html>

Nomad Travel Clinic,

Bath & Bristol

<http://www.nomadtravel.co.uk>

01341 555061

Pavilion Surgery Gloucester

(open to anyone)

Travel Clinic is on Tuesday afternoons and evenings from

15:00 to 19:30 at Pavilion Surgery, 153a Stroud Road, Gloucester, GL1 5JJ. Please phone 01452 876150 to book an appointment.

Local Yellow Fever Centres

Leckhampton Surgery - 0844 477 2432

Boots Cheltenham High Street - 01242 527084

Working Well@ GRH open to public 01452 2894480

Please take this form to your Travel Clinic appointment and bring it with you if you have to return to us for NHS vaccines. Please note that if you don't bring the form we may not be able to administer the vaccines

Dear Rowcroft Medical Centre

Your patient has attended our travel advice service and we recommend that they have the following NHS vaccinations (Please tick).

Diphtheria, polio and tetanus (combined booster)
Hepatitis A
Typhoid
Cholera

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Patient name	
Date of birth	
Address	
Travel clinic attended	
Date	
Signature of clinician	
Name of Clinician (please print)	
Signature of patient	
Name of patient (please print)	

Office Use Only.

Date and Time of Appointment:

Please scan to patient record.