

FOR OFFICIAL USE

Vaccine	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Date	Batch No. + Expiry	Price
Dip / Tet / Polio							
Typhoid							
Combined Hep A + Typhoid							
Combined Hep A + Hep B 1 st 2 nd 3 rd							
Hep A 1 st 2 nd Booster							
Hep B 1 st 2 nd 3 rd							
Meningitis ACWY							
Rabies 1 st 2 nd 3 rd							
Other							

Malaria Oral Medicine	Date	Quantity	Details	Price
Malarone (atovaquone + proguanil)			Daily. One to two days before, one week after.	
Lariam(mefloquine)			Weekly. 2.5 weeks before, 4 weeks after.	
Doxycycline			Daily. One to two days before, four weeks after	
Paludrine (chloroquine + proguanil)				
Chloroquine				

Total Price.....

Additional travel advice			
Water and personal hygiene	Travellers' diarrhoea	Hepatitis B and HIV	
Insect bite prevention	Animal bites	Accidents	
Insurance	Air Travel	Sun and heat protection	

Patient consent

I have received information on the risks and benefits of the vaccines recommended and fully understand them. I have also had the opportunity to ask questions. I have no reason to suspect that I may be pregnant. I consent to the vaccines being given at each appointment.

Patient signature...../...../.....Date.....

Pharmacist signature..... Date.....

ADVISED TO WAIT 15 MINUTES POST-VACCINE