# Jeremy Evans MBBS(Lond.), DCH, DRCOG Expedition Doctor, JET Medicine

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### **Vaccinations for Cambodia 2017**

9th March 2017

**Dear Parents** 

Please find over the page a list of vaccinations and associated charges. I will be happy to provide these vaccinations at Bishop Wordsworth's School. Some of the vaccines are obtainable from your GP practice for free. These I have noted. I am willing to provide any vaccination although unfortunately I am unable to provide the NHS ones for free.

#### **Ordering**

With kind regards

If you would like your child to receive some or all of their vaccinations through JET Medicine:

- 1) Print, complete and sign page the attached assessment form for your child.
- 2) Print off the order form and tick which vaccinations you would like your child to receive.
- 3) Attach a cheque, made payable to 'Dr Jeremy Evans' for the total cost of all vaccines required. Please write the name of your child on the rear of the cheque.
- 4) Keep THIS page with vaccination dates on.
- 5) Return forms to Miss Natalie Steer.

If you have any questions please do not hesitate to contact me.

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**Vaccination dates - Bishop Wordsworth's School** 

Moleum.	7th March at 5pm	Cambodia Q&A Presentation
	5th June 2017	Rabies, Jap B Encephalitis
	15th June 2017	Rabies
Dr Jeremy Evans	29th June 2017	Rabies, Jap B Encephalitis

## **Vaccine Order Form**

Pupil Name:					
Date of Birth:					
Age:					
<b>Vaccine</b> Hepatitis A Typhoid	<b>Price</b> £35.00 £15.00		<b>Total</b> £35.00 £15.00	Required	£
Courses					
Rabies Jap B Encephalitis	£27.00 x3 £89.00 x2		£81.00 £178.00		£
Malaria tablets - s supermarket.	uggested Ma	ılarone, alternative	e would be Doxycycl	ine - best to b	ouy from a
				Total Cost	£
Please include 1x Cheque (payable to Dr Jeremy Evans) with child's name on reverse 1x Pre-assessment form 1x Vaccine order form					
Vaccination dates - All at Bishop Wordsworth's School					
5th June 2017 15th June 2017 29th June 2017	0 days 7 days 21-28 days	Rab	oies, Jap B Encepha oies oies, Jap B Encepha		

## Pre Trip Questionnaire - Cambodia 2017

All the questions below need to be answered with a Yes/No answer. If Yes then further information should be given. This is extremely important for the health of the Individual and Trip group whilst away.

This form should then be e-mailed or posted to me.

If you feel there is information that is too confidential to put on this form please e-mail me on **jetmedicine@jeremyevans.org.uk**. I would be happy to explain anything medical relating to the Trip.

Name of Child:		Next of Kin:			
		Address:			
Date of I	Birth:	Contact telephone:			
Past med	dical history:	E-mail address:			
1.	Have you had any operation investigations?	s, significant illnesses such as diabetes, injuries or			
2.	Have you had any fits, faints	, headaches, blackouts or epilepsy?			
3.	Have you any chest pains, shasthma?	nortness of breath, cough, wheeze, heart problems or			
4.	Have you had any abdomina pain?	l problems such as diarrhoea, constipation, indigestion o			
5.	Have you had any gynaecolo discharge, pain?	ogical problems e.g. discharge or urinary problems e.g.			

6.	Do you suffer from any back or joint problems?
7.	Have you ever had psychological or psychiatric illness, including eating disorders, deliberate self harm, overdoses, depression, anxiety or psychosis.
8.	Do you have any objections to any form of treatment, including blood transfusions or immunisations?
9.	Have you had any eye or ear problems?
10.	Other travel vaccinations you have had and any reactions or side effect to any vaccines and also anti-malarials?
11.	Current medication:
12.	Allergies (e.g., eggs, antibiotics, previous vaccinations, foods, medications, iodine, chlorine), How do you react? When was the last reaction? What treatment was required? Have your required hospital treatment? Epipen?:
13.	Current Health Status(eg are you seeing a doctor for any ongoing medical problems? Have you been admitted to hospital overnight?):
	Signed
	Parent/Guardian - Print Name: