



The New York Center for Travel and Tropical Medicine
110 East 55th Street, 16th Floor
New York, NY 10022
Phone: (212) 734-3000

TRAVEL FEE SCHEDULE

NAME _____ **DATE** _____

- \$125 Pre-Travel Consult, Level I, per trip
- \$35 International Certificate of Vaccination (ICV)
- \$35 Phlebotomy (Blood Draw)
- \$35 Vaccination administration fee

PER DOSE PRICE

- \$90 Polio (IPV)
- \$85 Tetanus/Diphtheria/Pertussis (Tdap)
- \$95 Typhoid: Typhim Vi
- \$95 Hepatitis A (series of 2 @ \$95 each)
- \$95 Hepatitis B (series of 3 or 4 @ \$95 each)
- \$155 Hepatitis A&B combination (Twinrix) (series of 3 or 4)
- \$195 Yellow Fever
- \$165 Meningococcal (Menveo)
- \$325 Gardasil (HPV)
- \$325 Rabies (pre-exposure series of 3 doses)
- \$315 Japanese Encephalitis (series of 2 doses)
- \$185 Pneumococcal: Pneumovax or Prevnar-13
- \$65 Influenza, quadrivalent or high dose
- \$265 Cholera Oral Vaccine

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THIS FEE SCHEDULE AND I WILL BE GIVEN THE OPPORTUNITY TO ASK QUESTIONS.

Print Name: _____ **Signature:** _____



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TRAVEL QUESTIONNAIRE

Today's Date _____ Referred by _____

I am a returning patient

Name: _____

Last

First

Middle Initial

Address: _____

Number, Street

Apt #

City

State

Zip Code

Telephone:

Cell _____ Home _____ Work _____

Email Address _____

Male Female Date of Birth _____ Age _____

Place of birth: USA Other (specify) _____

Date you arrived in the US _____

Emergency Contact _____ Phone # _____

Pharmacy Information: _____

