

TRAVEL RISK ASSESSMENT FORM

Please complete this form prior to your travel appointment and return to reception
Please note that we only offer vaccines for travel to our patients and those that are available on the NHS.

Personal details			
Name:	Date of birth:		
Male [] Female []			
Contact number:			
E mail:			
Dates of trip			
Date of Departure:			
Return date or overall length of trip:			
Itinerary and purpose of visit			
Country to be visited	Length of stay	Exact location or Region	City or Rural
1.			
2.			
3.			
TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY			
<input type="checkbox"/> Holiday <input type="checkbox"/> Staying in hotel <input type="checkbox"/> Business trip <input type="checkbox"/> Camping/hostel <input type="checkbox"/> Cruise ship trip <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Volunteer work <input type="checkbox"/> Diving <input type="checkbox"/> Healthcare work trip <input type="checkbox"/> Backpacking <input type="checkbox"/> Medical tourism <input type="checkbox"/> Others _____ <input type="checkbox"/> Adventure Additional information: _____ <input type="checkbox"/> Safari _____			
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	Yes	No	Details
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart disease (e.g angina, high blood pressure)			
Diabetes			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			

Liver and or kidney problems			
HIV/AIDS			
Immune system condition			
Mental health issues(including anxiety, depression)			
Spleen problems			
Any other conditions			
WOMEN ONLY			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Are you taking any medication (Including prescribed, purchased or a contraceptive pill?)

Please supply information on any vaccines or malaria tablets taken in the past					
Tetanus/ Polio/ Diphtheria		Yellow Fever		Jap B Enceph	
Typhoid		Hepatitis A		Tick Borne	
Rabies		Hepatitis B		MMR	
Other					
Malaria tablets					

Any additional information