

Falcon Road Medical Centre Travel Vaccination Risk Assessment Form

Name:	Date of Birth:
	Male [] Female []

Easiest contact telephone number:

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	Away from medical help at destination, if so, how remote?
1.		
2.		
Future travel plans		

Please tick as appropriate below to best describe your trip

1. Type of trip	Business	Pleasure	Other	
2. Holiday type	Package	Self organised	Backpacking	
	Camping	Cruise Ship	Trekking	
3. Accommodation	Hotel	Relatives/family home	Other	
4. Travelling	Alone	with family/friend	In a group	
5. Staying in area which is	Urban	Rural	Altitude	
6. Planned activities	Safari	Adventure	Other	

Vaccination History

Have you ever had any of the following vaccinations/malaria tablets and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	

Other:

Malaria tablets

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____ Date: _____