

## St Alban's Medical Centre Travel Risk Assessment Form

Personal Details					
Name:		Date of Birth:			
		Male [ ]    Female [ ]			
Easiest contact telephone number					
Email					
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.					
3.					
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
Personal Medical History					
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)					
List any current or repeat medications					
Do you have any allergies for example to eggs, antibiotics, nuts					

Continued overleaf...

Have you ever had a serious reaction to a vaccine given to you before?
Does having an injection make you feel faint?
Do you or any close family members have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
<b>Women only:</b> Are you pregnant or planning pregnancy or breast feeding?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?
Please write below any further information which may be relevant

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 on 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

FOR OFFICE USE ONLY:

Book minimum ----- weeks before

Malaria advice only (10 min appt)

Appointment needed (20 min)

No vaccines / malaria treatment needed. Collect travel information

FOR COMPLETION BY TRAVEL NURSE

Vaccinations advised for travel itinerary as detailed.

Diphtheria / Tetanus / Polio	Typhoid	Hepatitis A	Hepatitis B	Yellow fever
Meningitis ACWY	Rabies	Japanese Encephalitis	Tick-borne Encephalitis	Cholera

FOR COMPLETION BY DOCTOR

I authorise administration of the above recommended vaccines for travel.

Signed

Date