

CHEWS 2 TRAVEL

TRAVEL RISK ASSESSMENT FORM

Please be aware that sometimes a charge can be incurred for travel advice and some vaccines. You will be advised by the Practice Nurse of any charges, as this is not considered core NHS work

Appendix 2: **Sample travel risk assessment and travel risk management forms**

Travel risk assessment (form A) – to be completed by traveller prior to appointment.

Name:	Date of birth:		
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Telephone number:		
Email address:	Mobile number:		
Please supply information about your trip in the sections below			
Date of departure:	Total length of trip:		
Country to be visited	Exact location or region	City or rural	Length of stay
1.			
2.			
3.			
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
Type of travel and purpose of trip – please tick all that apply			
<input type="checkbox"/> Holiday <input type="checkbox"/> Business trip <input type="checkbox"/> Expatriate <input type="checkbox"/> Volunteer work <input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Staying in hotel <input type="checkbox"/> Cruise ship trip <input type="checkbox"/> Safari <input type="checkbox"/> Pilgrimage <input type="checkbox"/> Medical tourism	<input type="checkbox"/> Backpacking <input type="checkbox"/> Camping/hostels <input type="checkbox"/> Adventure <input type="checkbox"/> Diving <input type="checkbox"/> Visiting friends/family	Additional information
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			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and/or kidney problems			
HIV/AIDS			

Immune system condition			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Women only			
Are you pregnant?			
Are you breastfeeding?			
Are you planning pregnancy while away?			

Are you currently 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	MMR	Influenza
Typhoid	Hepatitis A	Pneumococcal
Cholera	Hepatitis B	Meningitis
Rabies	Japanese Encephalitis	Tick Borne Encephalitis
Yellow fever	BCG	Other
Malaria tablets		

Any additional information