**Date Issued:**

 **Date Returned:**

**Travel Risk Assessment Form**

|  |  |
| --- | --- |
| Name:  | Date of Birth: |
| Address: | Male 🞏 Female 🞏 |
| Email:  | Telephone Numbers:Landline: Mobile: |

**PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW:**

|  |  |
| --- | --- |
| **Date of Departure:**  | **Total Length of Trip:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Country to be visited** | **Exact location/region** | **City or Rural** | **Length of stay** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Have you taken out travel insurance for this trip?** |

**Type of travel & purpose of trip-please tick all that apply;**

🞏 Holiday

🞏 Business Trip 🞏 Cruise Ship Trip 🞏 Backpacking

🞏 Expatriate 🞏 Safari 🞏 Adventure

🞏 Volunteer Work 🞏 Pilgrimage 🞏 Diving

🞏 Healthcare Worker 🞏 Medical Tourism 🞏 Visiting Friends/Family

***Additional Information:***

**If you are travelling to work or plan to volunteer, please give more details about this below:**

**Accommodation types**

🞏 Hotel 🞏 Relative/family home 🞏 Camping/hostels

**Please list any adventure activities, planned excursions, or day trips below, please state if these are in an urban or rural area:**

**PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO  | DETAILS |
| Are you fit and well today  |  |  |  |
| Any allergies including food, latex, medication |  |  |  |
| Have you had a severe reaction to a vaccine before |  |  |  |
| Tendency to faint with injections |  |  |  |
| Any surgical operations in the past including 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 conditions  |  |  |  |
| Mental health issues (including anxiety, depression) |  |  |  |
| Neurological (nervous system) illness |  |  |  |
| Respiratory (lung) disease |  |  |  |
| Rheumatology (joint) disorders |  |  |  |
| Spleen problems |  |  |  |
| Any other conditions |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WOMEN ONLY** | YES | NO | DETAILS |
| Are you pregnant? |  |  |  |
| Are you breast feeding?  |  |  |  |
| Are you planning a pregnancy while away? |  |  |  |

|  |
| --- |
| **Are you currently taking any medications (including prescribed, purchased or a contraceptive pill) ?**  |
| Please list below |

**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 |

|  |
| --- |
| **Please note any other relevant information about your trip below** |

**Thank You. Please return this form to the surgery.**

**FOR STAFF USE ONLY**

|  |  |
| --- | --- |
| **Date:**  | **Nurse Intials:** |
| **Up to date with vacs/imms?**  | **Yes/No** |
| **TCI Nurse vaccs/imms appointment needed?** | **Yes/No** |

**List vaccines required/additional information:**

**OAKS MEDICAL CENTRE**

**TRAVEL VACCINATION RISK FORM & INFORMATION**

**KEEP THIS PAGE FOR FUTURE REFERENCE**

The NHS provides the following vaccinations free of charge:

Diptheria

Tetanus

Polio

Typhim

Hepatitis A

**YOU MUST COMPLETE THE TRAVEL FORM AND RETURN IT**

**A MINIMUM 6 WEEKS BEFORE DEPARTURE**

Our nurse will then check your records and advise if you require any of the above NHS vaccinations (or if you have already had them previously)

**At the Oaks we DO NOT offer a full travel clinic.**

**It is therefore your responsibility to check which further vaccinations, if any, you may require and contact a private travel clinic to arrange them.**

**We recommend you use the following;**

Websites:

Travax - [www.travax.nhs.uk](http://www.travax.nhs.uk)

Fit for Travel - [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)

Travel Clinics:

Nottingham Travel & Wellness Clinic, West Bridgford [**0115 646 0920**](https://www.google.com/search?q=Nottingham+Travel+%26+Wellness+Clinic&rlz=1C1GCEA_enGB1041GB1041&oq=Nottingham+Travel+%26+Wellness+Clinic&aqs=chrome..69i57j33i160l2j33i22i29i30l2.829j0j7&sourceid=chrome&ie=UTF-8)

Travel Doc, Regent Street, Notts **0800 583 3331**

Grewals Pharmacy, Chilwell, Notts **0115 925 3034**

Please complete the travel form on the next page and return it to the surgery.

**KEEP THIS PAGE FOR FUTURE REFERENCE**