

NOTTINGHILL MEDICAL PRACTICE

Travel Assessment Form

Personal Details

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			
3			
4			

Please circle the descriptions that best describe your trip

1	Type of trip:	Business	Pleasure	Other			
2	Holiday type:	Package	Camping	Self-organised	Cruise ship	Backpacking	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? This includes diabetes, Heart or lung conditions, thymus disorder.

List any current or repeat medications.

Do you have any allergies for example to eggs, antibiotics, nuts?

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 or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?

Please give any further information that may be relevant, including any future travel plans.

For official use only

Patient name:

Travel risk assessment performed	Yes		No	
----------------------------------	-----	--	----	--

Travel vaccines recommended for this trip

Disease Protection	Yes	No	Further Information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

Travel advice and leaflets given as per travel protocol

Food water & personal hygiene advice		Travellers' diarrhoea		Hepatitis B,C and HIV	
Insect bite prevention		Animal bites		Accidents	Insurance
Air travel		Sun & heat protection		Hajj Travel	Travel record card supplied
Websites		Other			

Malaria prevention advice and malaria chemoprophylaxis

Chloroquine & proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine	Mefloquine	Doxycycline	Malaria advice leaflet

Further Information

e.g. weight of child

Signed by: _____ Position: _____ Date: _____

