

Travel risk assessment form

Please complete this form prior to your travel appointment and return to reception.

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 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.

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: