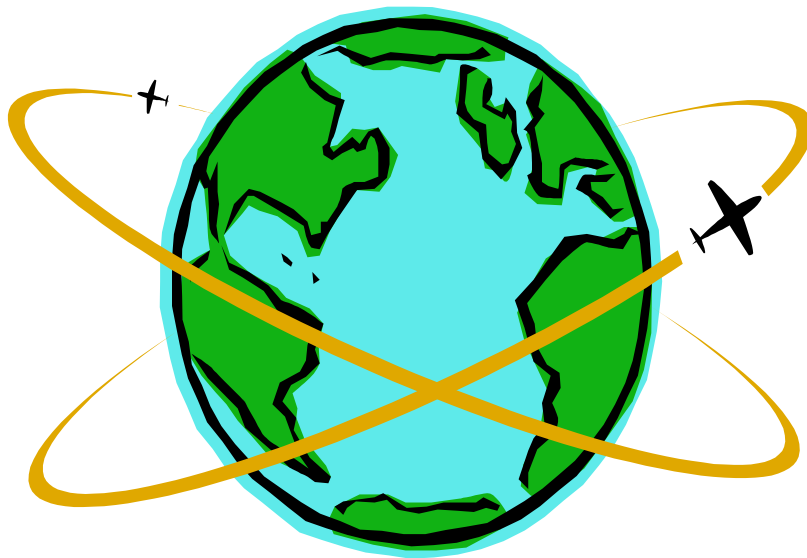


BROOKVALE PRACTICE

TRAVEL RISK ASSESSMENT FORM



**PLEASE ENSURE THAT THIS FORM IS COMPLETED IN AS MUCH DETAIL AS
POSSIBLE AND RETURNED TO THE PRACTICE PRIOR TO YOUR
APPOINTMENT**

SHOULD PAYMENT BE REQUIRED, WE ACCEPT
CASH, CHEQUE WITH CHEQUE CARD
AND PAYMENT BY DEBIT / CREDIT CARD.

PERSONAL DETAILS

Name:

D.O.B:

Address:

Telephone:

Email:

PERSONAL MEDICAL HISTORY

Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions, and thymus gland disorders?)

Do you have any allergies? E.g. eggs, antibiotics, nuts?

Have you ever had a reaction to a vaccine given to you before?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Do you have any history of mental illness including anxiety or depression?

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

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

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

TRAVEL ITINERARY

Date of departure:

Return date or overall length of trip:

Country / Countries to be visited (Please detail length of stay in each country):

PLEASE CIRCLE AS APPROPRIATE AND PROVIDE FURTHER INFORMATION WHERE SPECIFIED

Trip type:

Business

Pleasure

Other (Please specify below)

Holiday type:

Please circle all that apply to your trip –

Package

Self organised

Backpacking

Camping

Cruise Ship

Trekking

Safari

Adventure

Accommodation:

Hotel

Relatives or family home

Other (Please specify below)

Traveling:

Alone

With family / Friend

In a group

Staying in an area which is:

Urban

Rural

Altitude

Other (Please specify below)

VACCINATION & MEDICATION 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	
JAPANESE ENCEPHALITIS	
TICK BORNE ENCEPHALITIS	
MMR	
OTHER / MALARIA TABLETS	

CURRENT MEDICATION

Please list all medications currently being taken, including over the counter products:

