

# Travel Risk Assessment Form

To be completed prior to appointment



Patient Details			
Name		Date of birth	
Address		NHS number	
		Home Telephone	
Email		Mobile Telephone	

Travel Itinerary					
	Dates	Country	Exact location/region	City or Rural	Length of Stay
1.					
2.					
3.					
4.					

Travel Information (please tick all that apply)					
<b>Type</b>	<input type="checkbox"/> Holiday	<input type="checkbox"/> Business trip	<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Visiting friends/family	
	<input type="checkbox"/> Expatriate	<input type="checkbox"/> Cruise ship	<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Pilgrimage	
<b>Accommodation</b>	<input type="checkbox"/> Hotel	<input type="checkbox"/> Camping	<input type="checkbox"/> Hostels	<input type="checkbox"/> Friends/Family	
<b>Activities</b>	<input type="checkbox"/> Safari	<input type="checkbox"/> Diving	<input type="checkbox"/> Adventure		
<b>Additional information:</b>					

Medical History			
	Yes	No	Details
Are you fit and well today			
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?			
<b>Women only</b>			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Information on any vaccines or malaria tablets taken in the past					
Tetanus/Polio/Diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Japanese Encephalitis		Rabies		Yellow Fever	
Tick Borne Encephalitis		BCG		Other	
Malaria Tablets					

Allergies
<b>Please amend this as necessary</b> (include food, latex and medication) No known allergies

Medications
<b>Please amend this as necessary</b> (include prescribed, purchased or contraceptive pill)
<b>Acute Medication</b>
<b>Repeat Medication</b>

Further Information
Have you taken out travel insurance for this trip?
Do you plan to travel abroad again in the future?
<b>Other information:</b>