

OLD ROAD WEST SURGERY

Travel Risk Assessment Form

Please complete this form and return it to the surgery. The information you provide will help the Practice Nurse to assess your travel health needs before your trip.

Name:	
Date of Birth:	
Phone Number:	
Email address:	

Date of Travel:	
Date of Return:	

Destination: Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.

Country to be visited Area/Region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help
1.			
2.			
3.			
4.			

Type of Travel: Circle which activity best describes the purpose of your trip.

Reason for Travel	Business	Pleasure	Other
Type of holiday/travel	Package	Cruising	Trekking
	Self-organised	Camping	Backpacking
Are you travelling with	Family	Group	Alone
Planned activities	Leisure	Adventure	Safari

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Do you have travel health insurance (covering pre-existing health conditions and planned activities if relevant)?

Yes

No

Personal Medical History: Give details of any conditions which may affect your travel plans.

Are you well today?		
Do you have any health conditions? E.g. diabetes, respiratory (breathing) problems, heart disease, neurological illness, liver or kidney problems, blood disorders [e.g. sickle cell disease, clotting or bleeding issues]		
Do you have any allergies? E.g. food, medication or latex		
Have you, or a first degree relative (parents, brother, sister, or child), ever experienced any mental health issues, even mild anxiety, or depression?		
Do you have, or have you had, a condition that could impair your immune system? E.g. HIV / AIDS, blood cancer		
In the last 12 months, have you taken any medication or had treatment that could impair your immune system? E.g. chemotherapy, radiotherapy, high dose steroids		
Have you ever had any surgery? E.g. open-heart surgery, transplant surgery, spleen or thymus gland removal		
Are you receiving regular treatment or follow up with your GP / hospital specialist?		
Do you have any disability or mobility problems?		
Do you, or a first degree relative (parents, brother, sister or child), have epilepsy or seizures?		
Have you, or anyone in your family, ever had a severe reaction to a vaccine or malaria medication?		
Are you or your partner pregnant or planning a pregnancy?		
Are you breast feeding? (if applicable)		

If you answered yes to any of the questions above, please provide details here with any other important information regarding your health, including problems experienced with previous travel:

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Babies and children only

Weight:

Date:

Vaccination History: Please tick any travel vaccine that you have previously been given, stating when.

√	Travel Vaccine	Date(s) given if known
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Typhoid	
	Meningitis	
	Rabies	
	Yellow Fever	
	Japanese B Encephalitis	
	Tick-borne Encephalitis	
	Influenza	

Please give any further information that you feel may be relevant.

Source of information used to advise traveller (e.g. TravelHealthPro):

<https://www.fitfortravel.nhs.uk/destinations>

<https://travelhealthpro.org.uk/countries>

I have read pre-travel advice and information from the websites above.

Please tick box to confirm

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Remember:

<ul style="list-style-type: none">• Allow plenty of time before you travel, at least 6-8 weeks, to organise vaccinations
<ul style="list-style-type: none">• A dental check-up before you travel may prevent problems while you are away
<ul style="list-style-type: none">• Take out adequate insurance for your destination & activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online www.nhs.uk/ehic, by phone 03003301350 or by post using a form from the Post Office
<ul style="list-style-type: none">• Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).
<ul style="list-style-type: none">• Find out about the place you are travelling, the Foreign & Commonwealth Office website www.FCO.gov.uk contains information & up to date advice on travelling abroad, including information about risks in specific countries

I have received travel information & advice on the risk & benefits of the vaccines recommended & have had the opportunity to ask questions.

I consent to the vaccines being given.

Signed:

Date:

VACCINES GIVEN TODAY:

	ADVISED	DECLINED	GIVEN
Cholera			
Diphtheria/tetanus/polio			
Polio			
Hepatitis A			
Typhoid			