**SUTTON VALENCE GROUP PRACTICE TRAVEL RISK ASSESSMENT FORM**

• Please ensure that you have enough of your prescription medication ready to take with you one week before travel and ensure that your health/travel insurance covers you for any activities that you intend to take part in and are informed of any chronic conditions or medications you take.

• For more information including vaccines required for different countries please visit;

https://www.fitfortravel.nhs.uk/

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Date of birth: | | |
| Male □ Female □ | | |
|  | | |
| E mail: | | Daytime telephone number: | | |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | |
| Date of departure: | | Total length of trip: | | |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | | **CITY OR RURAL** | **LENGTH OF STAY** |
| 1. |  | |  |  |
| 2. |  | |  |  |
| 3. |  | |  |  |
| Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future? (please provide details) | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY** | | | | |
| □ Holiday □ Staying in hotel □ Backpacking Additional information  □ Business trip □ Cruise ship trip □ Camping/hostels  □ Expatriate □ Safari □ Adventure  □ Volunteer work □ Pilgrimage □ Diving  □ Healthcare worker □ Medical tourism □ Visiting friends/family | | | | |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | | | | |
|  | | | | |
| **DETAIL ANY MEDICATIONS YOU CURRENTLY TAKE WHICH IS NOT PRESCRIBED BY THIS SURGERY** | | | | |
|  | | | | |
| **WOMEN ONLY- ARE YOU PREGNANT, BREASTFEEDING OR PLANNING A PREGNANCY?** | | | | |
|  | | | | |

Cont over………

|  |  |  |
| --- | --- | --- |
| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST**  **(if not administered at Sutton Valence Practice)** | | |
| **Did you complete your childhood immunisation programme (or up to date for age if a child)**  **Yes No** | | |
| Tetanus/polio/diphtheria | MMR | Influenza |
| Typhoid | Hepatitis A | Pneumococcal |
| Cholera | Hepatitis B | Meningitis |
| Rabies | Japanese Enceph. | Tick borne encep. |
| Yellow fever | BCG | Other |
| COVID-19 | | |
| Malaria Tablets | | |

Please provide any additional information you feel would be useful here;

|  |  |  |  |
| --- | --- | --- | --- |
| Nurse Use Only | | | |
| Travel Risk Assessment Performed Yes No | | | |
| Vaccine recommendations | YES | NO | Further Information |
| Hepatitis A |  |  |  |
| Hepatitis B |  |  |  |
| Typhoid |  |  |  |
| Cholera |  |  |  |
| Tet/dip/polio |  |  |  |
| Meningitis ACWY |  |  |  |
| Yellow Fever |  |  |  |
| Rabies |  |  |  |
| Japanese Encephalitis |  |  |  |
| Tick Bourne Encephalitis |  |  |  |
| MMR |  |  |  |
| Other |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Malaria Prevention advice and chemoprophylaxis advice given and directed to chemist to purchase  YES NO N/A | | | |
| Chloroquine+Proguanil |  | Atovaquone +Proguanil (malarone) |  |
| Chloroquine |  | Mefloquine |  |
| Proguanil |  | Malaria advice leaflet given |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Travel Advice and Information Given | | | | | |
| Food, water, personal hygiene and safety |  | D+V |  | Insect Bite Prevention |  |
| Insurance |  | Animal Bite/Rabies Management |  | Air Travel |  |
| Accidents |  | Sun and Heat |  | Swimming |  |
| Websites used | | | | | |
| Risk assessment performed by | | | | | |