

## PRE TRAVEL RISK ASSESSMENT FORM

Please complete this form prior to your appointment and return it to the surgery. The information you provide will help your nurse/doctor to assess your health needs before your trip.

Name:	
Date of Birth:	Male/Female

Date of travel:
Date of return:

**Destination:** Give details of the countries you will be visiting, in the correct order, including any countries 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.			
5.			
6.			
7.			
8.			

**Type of travel:** Circle which activity best describes the purpose of your trip

<b>Reason for travel</b>	Business	Pleasure	Other
<b>Type of holiday/travel</b>	Package	Cruising	Trekking
	Self organised	Camping	Backpacking
<b>Are you travelling with?</b>	Family	Group	Alone
<b>Planned Activities</b>	Leisure	Adventure	Safari

**Personal Medical History:**

Give details of any conditions which may affect your travel plans

Do you have any current or past medical conditions of any note e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders, cancer, HIV?

List any medication that you are taking

Do you have or have you ever had any of the following:

Allergies (e.g. eggs, antibiotics)	
A previous reaction to any vaccine	
Recent surgery	
Treatment with steroids, chemotherapy or radiotherapy	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, depression or mental illness	

**Vaccination history:**

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

<input checked="" type="checkbox"/>	Travel vaccine	Date(s) given (if known)
<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	Polio	
<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	Typhoid	
<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	Rabies	
<input type="checkbox"/>	Yellow Fever	
<input type="checkbox"/>	Japanese B Encephalitis	
<input type="checkbox"/>	Tick-borne Encephalitis	
<input type="checkbox"/>	Influenza	

**Malaria:**

List the name of any malaria tablets that you have previously taken. If you cannot remember the name of the tablet, it may be useful to list the country visited.

1.
2.
3.

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

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**Remember:**

<input type="checkbox"/> Allow plenty of time for a pre-travel consultation, book an appointment with your nurse/doctor at least 6-8 weeks before you travel
<input type="checkbox"/> A dental check-up before you travel may prevent problems when you are far away
<input type="checkbox"/> Take out adequate insurance for your destination and activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical EU countries. You can apply for one free of charge online ( <a href="http://www.dh.gov.uk">www.dh.gov.uk</a> ) By phone (0845 606 2030), or by post using a form from the Post Office
<input type="checkbox"/> Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).
<input type="checkbox"/> Find out about the place you are travelling to. The Foreign and Commonwealth Office website ( <a href="http://www.FCO.gov.uk">www.FCO.gov.uk</a> ) contains information and up to date advice on travelling abroad, including information about risks in specific countries.

I have received travel information and advice 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:** \_\_\_\_\_

**This leaflet is for general information about travel health. It is not an alternative to individual advice and should be used in conjunction with advice provided by a health care professional.**