

## Travel Risk Assessment Form

Please complete this form and hand it in to our Reception Team. A member of the Practice Team will contact you to confirm if you require any vaccines for your travel and to make any necessary appointment. Please note during our busy times, this may take up to two weeks before we contact you.

Full Name:	
Address:	
Post Code:	Date of Birth:

Countries AND regions travelling to:	Date of departure:	
Return date or overall length of trip:	Is this a direct flight? Y/N	
If not a direct flight, where is the stop off location and how long will this be for?		
Accommodation: (please circle ALL that apply)		
Hotel	Cruising	Private accommodation
Camping	Hostel	Trekking

<b>Medical History</b>	
Are you under regular medical supervision for any condition?	Y / N
Are you taking steroid medications?	Y / N
Do you take any medications regularly? (including the contraceptive pill)	Y / N
Is there any chance you could be pregnant today?	Y / N
Are you allergic to anything?	Y / N
Have you had any previous reactions to any vaccinations?	Y / N

I confirm I have received the Travel Well advice sheet provided to me with this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_