**Travel Risk Assessment Form**

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Emis No** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Details**

🞏 Mr 🞏 Mrs 🞏Miss Ms Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Surname: | First names: |
| Address:  Post Code | Contact Details  Tel No:  Mobile No:  Email: |

**Travel Details**

|  |
| --- |
| Date of Departure : |
| Return date OR Overall length of trip: |

**Itinerary and purpose of visit**

|  |  |  |
| --- | --- | --- |
| Country to be visited | Length of Stay | Away from medical help at destination, if so, how remote? |
| 1 |  |  |
| 2 |  |  |
| Future travel plans: | | |

**Please tick as appropriate below to best describe your trip**

|  |
| --- |
| Type of Trip: 🞏 Business 🞏 Pleasure 🞏 Other |
| Holiday Type: 🞏 Package 🞏 Self-organised 🞏 Backpacking  🞏 Camping 🞏 Cruise ship 🞏 Trekking |
| Accommodation: 🞏 Hotel 🞏Relatives/family home 🞏 Other |
| Travelling: 🞏 Alone 🞏 With family/friend 🞏 In a group |
| Staying in area which is: 🞏 Urban 🞏 Rural 🞏 Altitude |
| Planned activities: 🞏 Safari 🞏 Adventure 🞏 Other |

**Personal Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Details** |
| Are you fit and well today |  |  |  |
| Any allergies including food, latex, medication |  |  |  |
| Any severe reactions to a vaccine before |  |  |  |
| Tendency to faint with injections |  |  |  |
| Any surgical operations in the past (including eg. Your spleen or thymus gland removed) |  |  |  |
| Recent chemotherapy/radiotherapy/organ transplant |  |  |  |
| Anaemia |  |  |  |
| Bleeding/clotting disorders (including history of DVT) |  |  |  |
| Heart disease (eg. Angina, high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Epilepsy/seizures |  |  |  |
| Gastrointestinal (stomach) complains |  |  |  |
| 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 | | | |

**Women only**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you pregnant? |  |  |  |
| Are you breastfeeding? |  |  |  |
| Are you planning pregnancy while away? |  |  |  |

**Medication**

|  |
| --- |
| Current medication (including prescribed, purchased or contraceptive pill): |

**Vaccination history** (For discussion when risk assessment is performed within your appointment)

|  |  |  |
| --- | --- | --- |
| Have you ever had any of the following vaccinations/malaria tablets and if so when? | | |
| Tetanus: | Polio: | Diphtheria: |
| Typhoid: | Hepatitis A: | Hepatitis B |
| Meningitis: | Yellow Fever: | Influenza: |
| Rabies: | Jap B Enceph: | Tick Borne: |
| Other: | | |
| Malaria Tablets: | | |

**Patient declaration/consent**

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

**I agree to pay any charges in relation to the consultation and treatment required.**

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

|  |
| --- |
| **For Official Use** |
| Patient Name: Travel risk assessment performed 🞏 Yes 🞏No  Emis No: |

**Travel vaccines recommended for this trip**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disease protection | Yes | No | Further information | Cost |
| Hepatitis A |  |  |  |  |
| Hepatitis B |  |  |  |  |
| Typhoid |  |  |  |  |
| Cholera |  |  |  |  |
| Tetanus |  |  |  |  |
| Diphtheria |  |  |  |  |
| Polio |  |  |  |  |
| Meningitis ACWY |  |  |  |  |
| Yellow Fever |  |  |  |  |
| Rabies |  |  |  |  |
| Japanese B Encephalitis |  |  |  |  |
| Other | | | |  |

**Travel advice and leaflets given as per travel protocol**

|  |
| --- |
| 🞏 Food water and personal hygiene advice 🞏 Travellers’ diarrhoea 🞏 Hepatitis B and HIV  🞏 Insect bit prevention 🞏 Animal bites 🞏 Accidents  🞏 Insurance 🞏 Air travel 🞏 Sun/heat protection  🞏 Travel record supplied 🞏 Malaria advice leaflet given  🞏 Websites |

**Additional Information**

|  |
| --- |
| Weight of child: |
| Other |