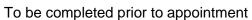
Travel Risk Assessment Form





Patient Details						
Name	Date of birth					
Address	NHS number					
	Home Telephone					
Email	Mobile Telephone					

Travel Itinerary						
	Dates	Country	Exact location/region	City or Rural	Length of Stay	
1.						
2.						
3.						
4.						

Travel Information (please tick all that apply)							
Туре	□ Holiday	□ Business	□ Volunteer work	□ Visiting friends/family			
		trip					
		□ Cruise	☐ Healthcare	□ Pilgrimage			
	Expatriate	ship	worker				
Accommodation	□ Hotel	□ Camping	☐ Hostels	□ Friends/Family			
Activities	□ Safari	□ Diving	□ Adventure				
Additional information:							

Medical History	1		
	Yes	No	Details
Are you fit and well today			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including			
e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ			
transplant			
Anaemia			
Bleeding /clotting disorders (including history			
of DVT)			
Heart disease (e.g. angina, high blood			
pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
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			

Travel Risk Assessment Form



To be completed prior to appointment

Allergies

Any other conditions?		
Women only		
Are you pregnant?		
Are you breast feeding?		
Are you planning pregnancy while away?		

Information on any vaccines or malaria tablets taken in the past			
Tetanus/Polio/Diptheria	MMR	Influenza	
Typhoid	Hepatitis A	Pneumococcal	
Cholera	Hepatitis B	Meningitis	
Japanese Encephalitis	Rabies	Yellow Fever	
Tick Borne Encephalitis	BCG	Other	
Malaria Tablets			

Please amend this as necessary (include food, latex and medication)					
Medications					
Please amend this as necessary (include prescribed, purchased or contraceptive pill)					
Acute Medication					
Repeat Medication					
Further Information					

Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
Other information:			

Travel Risk Assessment Form

To be completed prior to appointment

