



Travel Risk Assessment Form

Please complete this form prior to your travel appointment and return to reception.

Personal Details

Name

Date of Birth

Male or Female (please tick)

M

F

Contact Telephone Number

Email Address

Dates of trip

Dates 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?

Travel Risk Assessment Form Page 2 of 5

Type of Trip

Please circle the description that best describes your trip

1. Business/ Pleasure/ Other
2. Holiday type Package/ Self-organised/ Backpacking/ Camping/ Cruise ship/ Trekking
3. Accommodation Hotel/ Relatives/family home/ Other
4. Travelling Alone/ With family/friend/ In a group
5. Staying in area which is Urban/ Rural/ Altitude
6. Planned activities Safari/ Adventure/ Other

Personal Medical History

Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, thymusdisorder.

List any current or repeat medications

Do you have any allergies for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

Travel Risk Assessment Form Page 3 of 5

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?

Please give any further information that may be relevant, including any future travel plans.

Travel Risk Assessment Form Page 4 of 5

Vaccination History

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

For discussion when risk assessment is performed within your appointment: 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.

Signature

Date

FOR OFFICIAL USE ONLY Page 5 of 5

Patient Name

Travel risk assessment performed: Yes / No

Travel vaccines recommended for this trip

Disease protection Yes / No / Further information

Food water and personal hygiene advice	<input type="checkbox"/>	Chloroquine and proguanil	<input type="checkbox"/>
Travellers' diarrhoea	<input type="checkbox"/>	Atovaquone + proguanil (Malarone)	<input type="checkbox"/>
Hepatitis B, C and HIV	<input type="checkbox"/>	Chloroquine	<input type="checkbox"/>
Insect bite prevention	<input type="checkbox"/>	Mefloquine	<input type="checkbox"/>
Animal bites	<input type="checkbox"/>	Doxycycline	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	Malaria advice leaflet given	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Further Information	
Air travel	<input type="checkbox"/>	<input type="text"/>	
Sun and heat protection	<input type="checkbox"/>		
Hajj travel	<input type="checkbox"/>		
Travel record card supplied	<input type="checkbox"/>		
Websites	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Signed

Date