

## TRAVEL RISK ASSESSMENT FORM

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

<b>Personal details</b>			
Name:			
Date of birth:	Male	Female	
Easiest contact telephone number:	Email:		
<b>Personal medical details</b>			
Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions.			
List any current or repeat medications including any treatments (i.e. chemo, radio, steroids)			
Do you have any allergies, e.g. eggs, antibiotics, nuts?			
Have you ever had a serious reaction to a vaccine given to you before?			
Do you or any close family member have epilepsy?			
Do you have any history of mental illness, including depression or anxiety?			
<b>Date of departure</b>			
<b>Itinerary and purpose of visit - <i>Please include a copy of itinerary if visiting multiple areas</i></b>			
Visiting country/countries:			
Length of stay:			
Type of trip:	Business Backpacking	Package	Cruise ship Trekking
Type of accommodation:	Hotel Other	Relatives/family home	
Away from medical help at destination?			
If so, how remote?			
<b>NOTE: <u>Please ensure that you have adequate travel insurance</u></b>			

***For official use only***

**Patient name:** \_\_\_\_\_

Travel risk assessment performed                      Yes      No

**Vaccination history – date last administered**

Diphtheria: \_\_\_\_\_      Tetanus: \_\_\_\_\_      OPV: \_\_\_\_\_

Hepatitis A: \_\_\_\_\_      Typhoid: \_\_\_\_\_

**Vaccinations required that are available at the Health Centre**

Tetanus/Diphtheria	1	2	3	Booster
Hepatitis A	1	2		
Typhoid	1			
Polio	1	2	3	Booster
Hepatitis B (fee)	1	2	3	

**Vaccinations administered:**

Revaxis  
IPV  
Hepatitis A  
Hepatitis B  
Typhoid  
Hepatyrix  
Twinrix

Date administered: \_\_\_\_\_

Referred to Travel Centre:    Yes      No

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

Food, water and personal hygiene advice                      Traveller's diarrhoea                      Hepatitis B, C and HIV

Insect bite prevention                      Animal bites                      Accidents

Air travel                      Sun and heat protection                      Hajj travel                      Other

**Malaria prevention advice and malaria chemoprophylaxis**

Chloroquine and proguanil                      Atovaquones + proguanil (Malarone)

Chloroquine                      Mefloquine                      Doxycycline                      Malaria advice leaflet given

**Further information**

e.g. weight of child

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

For discussion when risk assessment is performed at 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.

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

