

Pre-Travel Risk Assessment Form

Please complete this form and return it to the surgery. The information you provide will help the Practice Nurse to assess your travel health needs before your trip.

Name:	
Date of Birth:	
Phone Number:	
Email address:	

Date of Travel:	
Date of Return:	

Destination: Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.

Country to be visited Area/Region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help
1.			
2.			
3.			
4.			
5.			

Type of Travel: Circle which activity best describes the purpose of your trip.

Reason for Travel	Business	Pleasure	Other
Type of holiday/travel	Package	Cruising	Trekking
	Self-organised	Camping	Backpacking
Are you travelling with	Family	Group	Alone
Planned activities	Leisure	Adventure	Safari

Personal Medical History: Give details of any conditions which may affect your travel plans.

Do you have any current or past medical conditions of any note e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders, cancer, HIV

List any medication that you are taking, in particular any medication affecting your immune system or any drugs requiring special monitoring.

Do you have or have you ever had any of the following:

Allergies (e.g. eggs, antibiotics)	
A previous reaction to any vaccine	
Recent surgery	
Treatment with steroids, chemotherapy or radiotherapy	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, depression or mental illness	

Vaccination History: Please tick any travel vaccine that you have previously been given, stating when.

√	Travel Vaccine	Date(s) given if known
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Typhoid	
	Meningitis	
	Rabies	
	Yellow Fever	
	Japanese B Encephalitis	
	Tick-borne Encephalitis	
	Influenza	

Malaria: List the name of any malaria tablets that you have previously taken, if you cannot remember the name of the tablet, it may be useful to list the country you visited.

1.

2.

3.

Please give any further information that you feel may be relevant.

Remember:

- Allow plenty of time before you travel, at least 6-8 weeks, to organise vaccinations
- A dental check-up before you travel may prevent problems while you are away
- Take out adequate insurance for your destination & activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online www.nhs.uk/ehic, by phone **03003301350** or by post using a form from the Post Office
- Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).
- Find out about the place you are travelling, the Foreign & Commonwealth Office website www.FCO.gov.uk contains information & up to date advice on travelling abroad, including information about risks in specific countries

I have received travel information & advice on the risk & benefits of the vaccines recommended & have had the opportunity to ask questions.

I consent to the vaccines being given.

Signed: -----

Date: -----