

## Pre Travel Risk Assessment Form

Please complete this form prior to your appointment and return it to the surgery. The information you provide will help your nurse/doctor to assess your travel health needs before your trip.

|               |             |
|---------------|-------------|
| Name          |             |
| Date of Birth | Male/Female |

|                |
|----------------|
| 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<br>Area/region | Length of stay | Type of accommodation | Travelling to remote areas or away from medical help? |
|--------------------------------------|----------------|-----------------------|---|
| 1.                                   |                |                       |   |
| 2.                                   |                |                       |   |
| 3.                                   |                |                       |   |
| 4.                                   |                |                       |   |
| 5.                                   |                |                       |   |
| 6.                                   |                |                       |   |
| 7.                                   |                |                       |   |
| 8.                                   |                |                       |   |

**Type of travel:** Circle which activity best describes the purpose of your trip

|                                |                |           |             |
|--------------------------------|----------------|-----------|-------------|
| <b>Reason for travel</b>       | Business       | Pleasure  | Other       |
| <b>Type of holiday/travel</b>  | Package        | Cruising  | Trekking    |
|                                | Self organised | Camping   | Backpacking |
| <b>Are you travelling with</b> | Family         | Group     | Alone       |
| <b>Planned activities</b>      | 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

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,<br>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 visited.

|    |
|----|
| 1. |
| 2. |
| 3. |

Please give any further information that you feel may be relevant

|  |
|--|
|  |
|--|

**Remember:**

- |  |
|--|
| <ul style="list-style-type: none"><li>• Allow plenty of time for a pre-travel consultation, book an appointment with your nurse/doctor at least 6-8 weeks before you travel.</li></ul>   |
| <ul style="list-style-type: none"><li>• A dental check-up before you travel may prevent problems while you are away.</li></ul>   |
| <ul style="list-style-type: none"><li>• Take out adequate insurance for your destination and 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 (<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>), by phone (<b>0845 606 2030</b>), or by post using a form from the Post Office</li></ul> |
| <ul style="list-style-type: none"><li>• Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).</li></ul>  |
| <ul style="list-style-type: none"><li>• Find out about the place you are travelling, the Foreign and Commonwealth Office website <a href="http://www.FCO.gov.uk">www.FCO.gov.uk</a> contains information and up to date advice on travelling abroad, including information about risks in specific countries</li></ul>   |

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_