

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 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 countries 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.			
6.			
7.			
8.			

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

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.

<input checked="" type="checkbox"/>	Travel vaccine	Date(s) given (if known)
<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	Polio	
<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	Typhoid	
<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	Rabies	
<input type="checkbox"/>	Yellow Fever	
<input type="checkbox"/>	Japanese B Encephalitis	
<input type="checkbox"/>	Tick-borne Encephalitis	
<input type="checkbox"/>	Influenza	

