

GARFORTH MEDICAL PRACTICE TRAVEL RISK ASSESSMENT FORM

Please complete this form and hand in at reception as soon as possible and a travel nurse will be in touch to discuss your plans.

We only provide NHS vaccines, Hepatitis A, Typhoid and Diphtheria/Tetanus/Polio, if you need other vaccines or your date of travel is within the next 6 weeks you will need to attend a private travel clinic.

Personal details						
Name:		Date of birth:				
Daytime contact telephone number:		Email Address:				
Dates of trip						
Date 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?				
1.						
2.						
3.						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business	<input type="checkbox"/>	Pleasure	<input type="checkbox"/>	Other	<input type="checkbox"/>
2. Holiday type	Package	<input type="checkbox"/>	Self organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
3. Accommodation	Hotel	<input type="checkbox"/>	Relatives/family home	<input type="checkbox"/>	Other	<input type="checkbox"/>
4. Travelling	Alone	<input type="checkbox"/>	With family/friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>
5. Staying in area which is	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
6. Planned activities	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>
Personal medical history (Please delete as appropriate)						
Do you have any allergies for example to eggs, antibiotics, nuts? YES / NO						
If yes please give details:						
Have you ever had a serious reaction to a vaccine given to you before? YES / NO						
Does having an injection make you feel faint? YES / NO						
Do you or any close family members have epilepsy? YES / NO						
Do you have any history or mental illness including depression or anxiety? YES / NO						
Have you recently undergone radiotherapy, chemotherapy or steroid treatment? YES / NO						
Women only: Are you pregnant or planning pregnancy or breastfeeding? YES / NO						
Have you taken out travel insurance? YES / NO						

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	
Pneumonia		Other			
Malaria Tablets					

A practice nurse will be in touch via email or phone to discuss when or if a travel consultation is required.

Signed:..... Date:.....

Print Name:.....

If you are travelling in less than SIX WEEKS from the time of contacting the surgery we WILL NOT be able to see you for your travel needs and you will be directed to specialist travel clinics.

Contact Details of Local Travel Clinics

MASTA Specialist Travel Clinic-12-14 Tong Road
Within the Lloyds Pharmacy, Leeds-0330 100 4200

Superdrug-Leeds Merrion Centre 0333 311 1007

Boots The Chemist-Thorpe Park/ The Springs Leeds 0113 260 2823

Websites for more information

Travel Health Pro - www.travelhealthpro.org.uk

Foreign & Commonwealth Office - www.fco.gov.uk/knowbeforeyougo

Masta Travel Clinic - www.masta-travel-health.com