

TRAVEL RISK ASSESSMENT FORM



To be completed by the traveller prior to appointment.

Name:	Title:
Address:	Date of Birth:
	Email:
	Telephone Number:
	Mobile Number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTION BELOW

Date of Departure:	Total Length of Trip:		
Country to be Visited	Exact Location	City or Rural	Length of Stay
1			
2			
3			
4			
5			
6			

Have you taken travel insurance for this trip?

Do you plan to travel abroad again in the future?

TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE CIRCLE ALL THAT APPLY

1. Type of trip	Business	Pleasure	Other
2. Holiday Type	Package	Self Organised	Back Packing/Trekking
	Camping	Cruise Ship	
3. Accomodation	Hotel	Family Home	Other
4. Travelling	Alone	With Family/friend	Group
5.Type of area	Urban	Rural	Altitude

6. Do you have any planned activities?

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Do you have any allergies including food, medication or latex?			
Do you have any specific health concerns regarding your proposed trip?			
Have you had a severe reaction to a vaccine before?			
Past medical history of note? Including diabetes, heart or lung conditions?			
Are your insurance company aware of your pre existing condition ?			
Does having an injection make you feel faint ?			
Do you have a fear of needles?			
Do you or any close member of your family have epilepsy?			
Do you have an history of Mental illness including depression or anxiety?			
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?			
WOMEN ONLY: Are you pregnant or planning a pregnancy or breastfeeding?			

FOR BABIES AND CHILDREN UP TO THE AGE OF 16 ONLY:	Current weight:		Kg
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Please write below any further information that may be relevant:

VACCINATION HISTORY

Have you ever had any of the following vaccinations or tablets if so when ?			
Tetanus		Polio	
Typhoid		Hepatitis	
Meningitis		Yellow Fever	
Rabies		Jap B Enceph	

To be completed by Health Professional ONLY

Assessors Name:

Risk Management Checklist	Discussed	Comments
Existing Meds / PMH: Advice given on carrying medications abroad.		
Journey: Hand / personal hygiene throughout journey and holiday.		
Food and Water.		
Safety and Accidents.		
Insurance: Establish if the patient has adequate insurance to cover pre existing medical conditions.		
Insect bite avoidance: Discuss use of antihistamines, insect repellants, mosquito nets.		
Sexual Health: GUM, STI's, Condoms, HEP B		
Tattos / Body Piercing.		
Skin / Sun / Heat Protection: Hats etc.		
Travellers Diarrhoea: Hydration, Immodium etc.		

For Office Use Only:

Travel Vaccines recommended for this trip:

Disease Protection	Yes	No	Declined	Further Information / Comments
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow fever				
Rabies				
Japanese B Encephalitis				
Influenza				
MMR				
Other				