

The Burns Practice Travel Health Pre-Assessment

Key Factors	Comments	
Name		
Date of Birth		
Occupation (needed for HepA/B risk)		
What date are you leaving the UK?		
What resort are you staying in? What country is this? How many days are you staying in this area? e.g. Cancun in Mexico for 2 weeks		
If you are going on a trip to more than 1 country/area please give full details for each area e.g. Borneo 5 nights then Australia 3 weeks	Area 1 Area 2 Area 3 Area 4	No. days
What is the reason for your trip?	Holiday/work/backpacking/other	
Where will you be staying?	Hotel/cruise ship/hostel/family home/camping	
Will you be staying in a developed or rural area?		
Are you planning on crossing any borders to other areas?		
Will you be visiting any jungle areas?		
Will you be spending time in the sun?		
Have you ever had a previous serious reaction to a vaccine or malaria tablets?		
Do you feel faint when having injections?		
Please identify if you have or have had any of the problems listed in the right hand box	Fits/epilepsy Psoriasis Diabetes Heart problems Breathing problems Cancer treatments Recent surgery/transplants	
Do you have any allergies to drugs or food?	If so, give details	
Are you planning a pregnancy, pregnant or breastfeeding?	If so, give details	