**RISK ASSESSMENT FORM PRIOR TO TRAVEL:**

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| **Personal details** |
| Name | Date of birthMale [ ] Female [ ] |
| Best contact telephone number  |  |
| **Dates of trip** |
| Date of departure |  |
| Return date or overall length of trip |  |
| **Details about destination(s)** |
| Country and location to be visited | Length of stay | Away from medical help at destination, if so, how remote? |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| Do you plan to travel abroad again in the future? |
| **Please tick as appropriate below to best describe your trip** |
| 1. Type of trip | Business |  | Pleasure |  | Other |  |
| 2. Holiday type | Package |  | Self-organised |  | Backpacking |  |
| Camping |  | Cruise ship |  | Trekking |  |
| 3. Accommodation | Hotel |  | Relatives/family home |  | Other |  |
| 4. Travelling | Alone |  | With family/friend |  | In a group |  |
| 5. Staying in area which is | Urban |  | Rural |  | Altitude |  |
| 6. Planned activities | Safari |  | Adventure |  | Other |  |
| **Personal medical history** |
| Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions) |
| List any current or repeat medications |
| Do you have any allergies for example to eggs, antibiotics, nuts or latex? |
| Have you ever had a serious reaction to a vaccine given to you before? |
| ***Women only:*** Are you pregnant or planning pregnancy or breastfeeding? |
| Please write below any further information which may be relevant |

|  |
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| **Vaccination history** |
| Have you ever had any of the following vaccinations/malaria tablets and if so when? (tick) |
| Tetanus |  | Polio |  | Diphtheria |  |
| Typhoid |  | Hepatitis A |  | Hepatitis B |  |
| Meningitis |  | Yellow Fever |  | Inﬂuenza |  |
| Rabies |  | Jap B Enceph |  | Tick Borne |  |
| Other |
| Malaria Tablets |

Reception Team – if a completed form has come in please pass to Julie Hartis to deal with.