**RISK ASSESSMENT FORM PRIOR TO TRAVEL:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | |
| Name | | | | Date of birth  Male [ ] 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 | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.