DATE RETURNED:

GRIMSTON MEDICAL CENTRE TRAVEL RISK ASSESSMENT FORM

TO BE COMPLETED & RETURNED 6 WEEKS PRIOR TO THE DATE OF TRAVEL

Name: Address:	www.travelhealthpro.org.uk Please access for country-specific travel advice
	Date of birth:
E mail:	Telephone number: Mobile number:
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW	
Date of departure:	Total length of trip:

COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			

What modes of transport will you be using?
Have you taken out travel insurance for this trip?

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

□ Holiday	□ Staying in hotel	□ Backpacking	Planned Activities:
□ Business trip	□ Cruise ship trip	□ Camping/hostels	
□ Expatriate	□ Safari	□ Adventure	
□ Volunteer work	□ Pilgrimage	□ Diving	
□ Healthcare worker	□ Medical tourism	□ Visiting friends/family	

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Any allergies including food, latex, or medication?			
Have you, or anyone in your family, had a severe reaction to a vaccine or malaria medication before?			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. open-heart surgery, spleen or thymus gland removal?			
Any medical conditions?			
Pregnancy/breastfeeding/planning a pregnancy?			
Please list any medications			

Once completed, please hand-in to reception. You will be contacted by a Practice Nurse to arrange a follow-up travel appointment. Thank you.

TO BE COMPLETED BY HEALTHCARE STAFF						
VACCINE	**LAST ADMINISTERED**	**B**	**A**	**SR**	**NOTES**	
Tetanus/polio/diphtheria						
Typhoid						
MMR						
Hepatitis A						
Cholera						
Hepatitis B						
Meningitis						
Rabies						
Japanese encephalitis						
Tick-borne encephalitis						
Yellow Fever						
BCG						
COVID – 19 (dates & brands)						
Malaria risk & requirement					Paed weight Kg	
B=Boost, R=Recommended, SR=Selectively Recommended						

DATE OF BOOKED TRAVEL APPOINTMENT & CLINICIAN	

ADDITIONAL NOTES

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London.
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK.

Form devised and created by Jane Chiodini © updated 2022