**TRAVEL RISK ASSESSMENT FORM** – To be completed and sent in 3 days prior to appointment.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | Your country of origin: | | | | | | | | | | |
| Date of birth: | | | | | | | | | | |
| Male  Female  Non-binary | | | | | | | | | | |
| 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? Do you plan to travel abroad again in the future? | | | | | | | | | | | | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY** | | | | | | | | | | | | | | | |
| Holiday  Staying in hotel  Backpacking  Business trip  Cruise ship trip  Camping/hostels  Expatriate  Safari  Adventure  Volunteer work  Pilgrimage  Diving  Healthcare worker  Medical tourism  Visiting friends/family | | | | | | | | | | | | | | | |
| Additional information: | | | | | | | | | | | | | | | |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | | | | | | | | | | | | | | | |
|  | | | | | | | **YES** | | | **NO** | | **DETAILS** | | | |
| Are you fit and well today | | | | | | |  | | |  | |  | | | |
| Any allergies including food, latex, 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? | | | | | | |  | | |  | |  | | | |
| Recent chemotherapy/radiotherapy/organ transplant | | | | | | |  | | |  | |  | | | |
| Anaemia | | | | | | |  | | |  | |  | | | |
| Bleeding /clotting disorders (including history of DVT) | | | | | | |  | | |  | |  | | | |
| Heart disease (e.g. angina, high blood pressure) | | | | | | |  | | |  | |  | | | |
| Diabetes | | | | | | |  | | |  | |  | | | |
| Additional needs and/or disability | | | | | | |  | | |  | |  | | | |
| Epilepsy/seizures (or in a first degree relative?) | | | | | | |  | | |  | |  | | | |
| Gastrointestinal (stomach) complaints | | | | | | |  | | |  | |  | | | |
| Liver and or kidney problems | | | | | | |  | | |  | |  | | | |
| HIV/AIDS | | | | | | |  | | |  | |  | | | |
| **Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | **YES** | | | **NO** | | | **DETAILS** | | | | |
| Immune system condition e.g. blood cancer | | | | |  | | |  | | |  | | | | |
| Mental health issues (including anxiety, depression) | | | | |  | | |  | | |  | | | | |
| Neurological (nervous system) illness | | | | |  | | |  | | |  | | | | |
| Respiratory (lung) disease | | | | |  | | |  | | |  | | | | |
| Rheumatology (joint) conditions | | | | |  | | |  | | |  | | | | |
| Spleen problems | | | | |  | | |  | | |  | | | | |
| Any other conditions? | | | | |  | | |  | | |  | | | | |
| Are you or your partner pregnant or planning a pregnancy? | | | | |  | | |  | | |  | | | | |
| Are you breast feeding (if applicable) | | | | |  | | |  | | |  | | | | |
| Have you or anyone in your family undergone FGM / been cut / circumcised | | | | |  | | |  | | |  | | | | |
| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST** | | | | | | | | | | | | | | | |
| Tetanus/polio/diphtheria |  | | MMR | | | |  | | | | | Influenza | |  | |
| Typhoid |  | | Hepatitis A | | | |  | | | | | Pneumococcal | |  | |
| Cholera |  | | Hepatitis B | | | |  | | | | | Meningitis | |  | |
| Rabies |  | | Japanese encephalitis | | | |  | | | | | Tick borne encephalitis | |  | |
| Yellow fever |  | | BCG | | | |  | | | | | Other | | | |
| COVID-19 (dates, brand etc.) | | | | | | | | | | | | | | | |
| Malaria Tablets | | | | | | | | | | | | | | | |

**Any additional information**