

TRAVEL RISK ASSESSMENT FORM – ideally to be completed by traveller prior to appointment.

Name:		Date of birth	
		Male ☐ Female ☐	
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.			
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			<u>Additional information</u>
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			

