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Travel Assessment Risk Form
Please return completed form to reception

FULL NAME: _____

DATE OF BIRTH: _____

CONTACT NUMBER: _____

Are you pregnant or breast feeding? Yes / No

Are you allergic to anything? Yes / No

When are you travelling?

How long are you abroad?

Where are you travelling to?

Please specify:

What type of holiday? Beach/resort holiday Business Backpacking

What previous vaccines have you had in the past?

Please note if your departure date is less than 8 weeks, we may ask you to attend a private travel clinic