

### Travel Risk Assessment

Please complete this form fully after checking what vaccinations you need here: <https://travelhealthpro.org.uk>

Submission of incomplete forms may cause delay to your clinician assessment and vaccination.

Please complete a form for each person planning to travel, including children.

Please provide information about you:

First name:	
Surname:	
Date of Birth:	
Gender (Male/female):	
Email address:	
Contact phone number:	

Please provide information about your trip:

Country	Location/ region	City/ rural	Length of stay	Vaccination(s) recommended (please list)	Malaria prophylaxis required	Date of trip

- What is the purpose of your trip? (tick all that apply)

- ☐ Holiday
- ☐ Business
- ☐ Volunteer work
- ☐ Healthcare work
- ☐ Backpacking
- ☐ Cruise
- ☐ Safari
- ☐ Other:

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- Where will you be staying? (tick all that apply)
  - Hotel
  - Hostel
  - Camping
  - With friends/family
  - Other (please enter below)

**Please tell us about your personal medical history**

- Are you fit and well today? (yes/no)
- Any allergies (including medications and foods)? (yes/no).  
if yes what is the reaction?

- Any history of reaction to vaccination? (yes/no) if yes what was the reaction?

- Any history of suppression of your immune system? eg. Any recent chemotherapy treatment, surgery to remove spleen etc.

- List of conditions - listed on current risk assessment form? (yes/no)
- Pregnancy/breastfeeding? (yes/no)

Please list your current medications including contraception and anything bought over the counter?

Please tell us your personal vaccination history, including any vaccinations received outside of the NHS or at a travel clinic

Did you complete the UK childhood vaccination schedule?

Answer yes/no to each:

Influenza	Pneumococcal
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:
Tetanus/Polio/Diphtheria	MMR
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:
Typhoid	Cholera
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:
Hepatitis A	Hepatitis B
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:

Japanese encephalitis	Meningitis
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:
Rabies	Tick-borne encephalitis
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:
BCG Tuberculosis	Yellow fever
Yes/No:	Yes/No:
Date of last vaccination:	Date of last vaccination:

Please supply any additional information we have not requested, but you think that we should know

- ☐ I can confirm I have read the 'Safe Travel' and 'Travel Vaccination' factsheets prior to submitting this form (Please tick)