

Travel Risk Assessment Forms

Information for Patients

On the receipt of your completed travel risk assessment form the nurse will check your form, your electronic medical records, your paper medical records and the conditions in the country/ies that you are travelling to. Depending on demand, availability this can take a little time – our quality standard is to complete this step within 5 working days.

Once this nurse has formed a view on the vaccinations and advice that is necessary we can begin to plan your travel appointments.

Some vaccinations are available on the NHS, some have to be bought privately. Private vaccines need to be paid for and ordered before your immunisation can commence. You will need to make a decision about this at your first appointment with the nurse.

Some courses of vaccines take some weeks before they become effective.

For all the reasons above, we need at least 8 weeks before the time of travel in order to guarantee that the process can be completed. If you apply to us within a shorter notice period than this we may not be able to satisfy some or all of your needs.

There are private clinics that might be able to help you speed things along in these circumstances. We can give you contact details should the need arise.

Bon voyage!

Travel Risk Assessment Form

Please complete this form prior to your travel appointment and return it to reception. You will then need to telephone reception after 5 working days to be informed if anything is required.

Personal Details

First Name:	Surname:
<input type="checkbox"/> D.O.B:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Telephone Number:	
Mobile:	
Work:	
E-Mail:	

Home Telephone Number:
Mobile:
Work:
E-Mail:

Dates of Trip

Date of departure:
Return date or overall length of trip:

Itinerary and purpose of visit

Country(and towns/cities) to be visited	Length of stay	Away from medical help at destination, if so how remote?

Please tick as appropriate below to best describe your trip

Type of trip:	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Other
Holiday type:	<input type="checkbox"/> Package	<input type="checkbox"/> Self-Organised	<input type="checkbox"/> Backpacking
	<input type="checkbox"/> Camping	<input type="checkbox"/> Cruise ship	<input type="checkbox"/> Trekking
Accommodation:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Relatives/Family Home	<input type="checkbox"/> Other
Travelling:	<input type="checkbox"/> Alone	<input type="checkbox"/> With Family/Friend	<input type="checkbox"/> In a Group
Staying in area:	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Altitude
Planned Activities:	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	<input type="checkbox"/> Other

Personal Medical History

Do you have any recent or past medical history of note? (including Diabetes, Heart or Lung conditions, thymus Disorder)

Are you on any current or repeat medications? Yes No

Do you have any allergies for ex. Eggs, Antibiotics, Nuts? Yes No
List:

Have you ever had a serious reaction to a vaccine given to you before?
 Yes No

Does having an injection make you feel faint? Yes No

Do you or any close family members have epilepsy? Yes No

Do you have any history or mental illness including depression or anxiety?
 Yes No

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
 Yes No

Women Only: Are you pregnant or planning pregnancy or breast feeding?
 Yes No

Have you taken out travel insurance? Yes No
If yes, and if you have a medical condition, informed the insurance company about this? Yes No

Please write below any further information which may be relevant

Vaccination History

Have you ever had any of the following vaccinations / Malaria tablets and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	

Malaria Tablets : Yes No

Other:

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:.....

Date:.....

For Official Use

Patient Name:

Travel Risk Assessment performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Travel Vaccinations recommended for this trip

Vaccination	Yes	No	Further Info
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encep			

Other:

Travel Advice and Leaflets given as per travel protocol

Food, water and personal hygiene advice		Traveller's Diarrhoea		Hepatitis B & HIV	
Insect Bite Prevention		Animal Bites		Accidents	
Insurances		Air travel		Sun & Heat protection	
Websites		Travel record card Supplied			

Other:

Malaria prevention advice and malaria chemoprophylaxis

Chloroquine & Proguanil		Atovaquone & Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline			

Malaria Advice Leaflet given? Yes No

Signed:

Position:

Date: