**TRAVEL RISK ASSESSMENT FORM** – ideally to be completed by traveller prior to appointment. Please allow **2 weeks** for someone from the surgery to contact you regarding this form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | Date of Birth: | | | | | | | |
| Male Female | | | | | | | |
| Email: | | | | Telephone number: | | | | | | | |
| Mobile Number: | | | | | | | |
| Can a message be left Yes No | | | | | | | |
| **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 Additional information  Business trip Cruise ship trip Camping/hostels  Expatriate Safari Adventure  Volunteer work Pilgrimage Diving  Healthcare worker Medical tourism Visiting friends/family | | | | | | | | | | | |
| **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 | | | | |  | | |  |  | | |
| Mental health issues (including anxiety, depression) | | | | |  | | |  |  | | |
| Neurological (nervous system) illness | | | | |  | | |  |  | | |
|  | | | | | **YES** | | **NO** | | **DETAILS** | | |
| Respiratory (lung) disease | | | | |  | |  | |  | | |
| Rheumatology (joint) conditions | | | | |  | |  | |  | | |
| Spleen problems | | | | |  | |  | |  | | |
| Any other conditions? | | | | |  | |  | |  | | |
| **Women only** | | | | | | | | | | | |
| Are you pregnant? | | | | |  | |  | |  | | |
| Are you breast feeding? | | | | |  | |  | |  | | |
| Are you planning pregnancy while you are away? | | | | |  | |  | |  | | |
| **Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 | | | | |
| Malaria Tablets | | | | | | | | | | | |

**Any additional information**

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) Competencies: An integrated Career and Competency Framework for Nurses in Travel Health Medicine. RCN, London [www.rcn.org.uk](http://www.rcn.org.uk)
2. Field VK, Ford L, Hill DR, eds. (2010) Health Information for Overseas Travel. National Travel Health Network and Centre, London, UK. [www.nathnac.org](http://www.nathnac.org)