

## Pre Travel Risk Assessment Form For Patients

Please complete this form prior to your appointment and return it to the surgery. The information you provide will help your nurse/doctor to assess your travel health needs before your trip and will be scanned into your notes.

Name
<b>Date of Birth</b>
Male/Female
Date of travel
Date of return

**Destination:** Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.

Country to be visited Area/region	Length of stay	Type of accommodation	Travelling to remote areas away from medical help?	Vaccines required. As recommended by fit for travel
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

**Type of travel:** Circle which activity best describes the purpose of your trip.

<b>Reason for travel</b>	Business	Pleasure	Other
<b>Type of holiday/travel</b>	Package Self organised	Cruising Camping	Trekking Backpacking
<b>Are you travelling with</b>	Family	Group	Alone
<b>Planned activities</b>	Leisure	Adventure	Safari
<b>Other, please advise</b>			

**Personal Medical History:**

Give details of any conditions which may affect your travel plans

Do you have any current or past medical conditions of any note, e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders, cancer, HIV

List any medication that you are taking

Do you have or have you ever had any of the following:

Allergies (e.g. eggs, antibiotics)	
A previous reaction to any vaccine	
Recent surgery	
Treatment with steroids, chemotherapy or radiotherapy	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, depression or mental illness	

**Vaccination History:** Please tick any travel vaccine that you have previously been given, stating when.

√	Travel Vaccine	Date(s) given if known
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Typhoid	
	Meningitis	
	Rabies	
	Yellow fever	
	Japanese B Encephalitis	
	Tick-borne Encephalitis	
	Influenza	

**Malaria:** List the name of any malaria tablets that you have previously taken, if you cannot remember the name of the tablet, it may be useful to list the country visited.

1.

2.

3.

Please give any further information that you feel may be relevant.

**Remember:**

Allow plenty of time for a pre-travel consultation, book an appointment with your nurse at least 6-8 weeks before you travel.

A dental check-up before you travel, may prevent problems while you are away.

Take out adequate insurance for your destination and activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online ([www.dh.gov.uk](http://www.dh.gov.uk)), by phone (0845 606 2030), or by post using a form from the Post Office.

Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).

Find out about the place you are travelling to, the Foreign and Commonwealth Office website [www.FCO.gov.uk](http://www.FCO.gov.uk) contains information about risks in specific countries.

I have received travel information and advice 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:** \_\_\_\_\_