

Travel Risk Assessment Form

Before you complete this form, please visit www.travelhealthpro.org.uk/ to obtain the information required on this form. We will only give vaccinations that are free on the NHS. We will not be providing advice or prescriptions for antimalaria prophylactic treatment nor will we provide travel advice. We **strongly** advise that if you need any of these then to visit your nearest travel clinic.

Please complete this form at least 6 weeks before you travel, please hand to reception. We will then confirm the information you have given and contact you to make an appointment. If you are travelling within 6 weeks of handing in the form, we may not be able to offer any vaccinations.

Personal Details		
Name:	Date of Birth:	
	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Contact Number:		
Email:		
Dates of Journey		
Date of Departure:		
Date of Return:		
Itinerary and purpose of journey		
Country to be visited and location within country	Length of stay	Away from medical help at destination, if so, how remote?
1		
2		
3		

Please tick as appropriate below to best describe your journey

Type of journey	Business		Pleasure		Other	
Holiday Type	Package		Self-Organised		Backpacking	
	Camping		Cruise Ship		Trekking	
Accommodation	Hotel		Relative/Family home		Other	
Travelling	Alone		With Family/Friends		In a group	
Staying in an area that is	Urban		Rural		Altitude	
Planned activities	Safari		Adventure		Other	

Personal medical History

Do you have any recent or past medical history of note?
(incl. diabetes, heart or lung conditions, thymus disorder)

List any current or repeat medications

Do you have any allergies for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine given to you before?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?

Please write below any further information which may be relevant

Vaccination History					
Have you ever had any of the following vaccination/malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Encephalitis		Tick Bourne	
Other					
Malaria Tablets					

Please write here the vaccines that you think that you will need

Vaccine	Last vaccine	Confirmed by nurse. *For office use
Hepatitis A		
Typhoid		
Dip/Tet/Polio		

I have no reason to think that I might be pregnant. I have researched my own information on the risks and benefits of the vaccines recommended by www.travelhealthpro.org.uk/ and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed

Date