

If you have booked to travel within 6 weeks you will have to contact a private travel clinic as we will be unable to facilitate you.

Appendix 2: Travel risk assessment form

Please complete this form prior to your travel appointment and return to reception.

Personal details			
Name: _____			
Date of birth: _____		Male [] Female []	
Easiest contact telephone number: _____			
Email: _____			
Dates of trip			
Date of departure: _____			
Return date or overall length of trip: _____			
Itinerary and purpose of visit			
Country to be visited	Length of stay	Away from medical help at destination? If so, how remote?	
1 _____ _____			
2 _____ _____			
3 _____ _____			
Please circle the descriptions that best describe your trip			
1. Type of trip	Business	Pleasure	Other
2. Holiday type	Package Camping	Self-organised Cruise ship	Backpacking Trekking
3. Accommodation	Hotel	Relatives/family home	Other
4. Travelling	Alone	With family/friend	In a group
5. Staying in area which is	Urban	Rural	Altitude
6. Planned activities	Safari	Adventure	Other
Personal medical history			
Do you have any recent or past medical history of note? This includes 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?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

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? If you have a medical condition, have you informed the insurance company about this?

Please give any further information that may be relevant, including any future travel plans.

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

Other

Malaria tablets

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 risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:

Date: