TRAVEL RISK ASSESSMENT FORM

This form should ideally be completed by traveller prior to appointment.

Name:	Date of Birth:
	Male ☐ Female ☐
Email:	Telephone Number: Mobile Number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of departure :	Total length of trip:

COUNTRY TO BE VISITED	EXACT LOCATION/REIGON	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 AND PURPOSE OF TRAVEL— PLEASE TICK ALL THAT APPLY

□ Holiday	□ Staying in Hotel	□ Backpacking	**Additional information**
□ Business	□ Cruise ship	□ 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?			
Have you any allergies including food, latex and medication?			
Have you had a severe reaction to a vaccine before?			
Have you got a tendency to faint with injections?			
Have you had any surgical operations in the past, including e.g. your spleen or thymus gland removed?			
Have you had any recent chemo/radiotherapy/transplants?			
Have you got anaemia?			
Do you suffer from any bleeding/clotting disorders? (including history of DVT)			
Do you suffer from heart disease? (angina, high blood pressure)			

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	YES	NO	DETAILS
Do you have diabetes?			
Do you have a disability?			
Do you suffer from epilepsy/seizures?			
Do you have any gastrointestinal (stomach) complaints?			
Do you have any liver/kidney problems?			
Do you have HIV/AIDS?			
Do you have any immune system conditions?			
Do you suffer from mental health issues? including anxiety/ depression?			
Do you have a neurological illness?			
Do you have any respiratory illnesses?			
Do you have any rheumatology conditions? (joints)			
Do you have spleen problems?			
If not listed, do you have any other conditions? If so please state this in the details box			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Are you taking any medication? (including prescribed, purchased or 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					

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DO YOU HAVE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD?