

Durham Health Travel Assessment Form

Please complete pages 1 and 2 and bring with you to your travel appointment.

Personal details

Name:

Date of Birth: Male [] Female []

Easiest contact telephone number:

Email:

GP name and address if not enrolled at this medical practice:

Date of Departure..... 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? Urban or Rural?

- 1.

- 2.

- 3.

- 4.

- 5.

- 6.

Please circle the descriptions that best describe your trip

- 1. *Type of trip* Business Pleasure Other

- 2. *Holiday type* Package Self-organised Backpacking

- Camping Cruise ship 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?

Patient Name:

Date of Birth:

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 of 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/Diphtheria

Polio

MMR

Typhoid

Hepatitis A

Hepatitis B

Meningitis

Yellow Fever

Influenza

Rabies

Jap B Enceph

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.