## Pre Travel Risk Assessment Form

Please complete this form prior to your appointment. The information you provide will help your nurse/doctor to assess your travel health needs before your trip.

NOTE: When Submitting a Travel Form, please make an appointment with the Nurse for 2 weeks time.

Name		
Date of Birth	Male/Female	
Country of Birth	Arrival in the UK	
Contact number (in case of emergency)		
Email address:		
Date of travel		
Date of return		
Total duration of travel		

PLEASE NOTE: THE SURGERY WILL EMAIL YOU A HEALTH GUIDE FOR YOUR DESTINATION.

**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(s)	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

## Type of travel: Circle all those that describe your trip

	Business	Tourism/pleasure	Other	
Reason for travel	Visiting Friends or relatives	Pilgrimage	Healthcare worker	
Type of holiday/traval	Package	Cruising	Trekking	
Type of holiday/travel	Self Organised	Camping	Backpacking	
Are you travelling with	Family	Group	Alone	
	Leisure	Adventure	Safari	
Planned activities	Diving	Natural Disaster Work	Medical Procedure	

Please complete this travel form before seeing your Nurse. This will allow time for the Nurse to check your Inoculation history and current vaccination schedules / requirements. If unable to do so, you may wish to contact a nearby travel clinic to check on your travel requirements, however they may be an increase in charges for medications prescribed.

**Personal Medical History:**Do you have or have you ever had any of the following:

	,		<u> </u>
	Yes	No	Details
Allergies (e.g. food, latex, antibiotics)			
Anaemia			
Anxiety, depression or mental illness			
Bleeding/ Clotting disorder			
Condition or receiving treatment (e.g.			
steroids, chemotherapy or radiotherapy)			
which may affect your immune system			
Diabetes			
Epilepsy			
Gastrointestinal (stomach) problems			
Heart disease, incl high blood pressure			
HIV/AIDs			
Fainting			
Kidney problems			
Liver problems			
Neurological (nervous system) illness			
Previous reaction to any vaccine			
Recent surgery			
Respiratory (lung) disease			
Rheumatology (joint) disease			
Spleen problems			
Thymus dysfunction			
Women Only			Date of last period:
Pregnant			Circle trimester: 1 2 3
Planning pregnancy			
Breastfeeding			
Contraception			Type:
•		•	
Give details of medical conditions ticked	ed abo	ve or a	ny other current or past condition
which may affect your travel plans			
List any medication that you are taking	a includ	lina ov	er the counter medications.
vitamins and herbal remedies.	,	9	· · · · · · · · · · · · · · · · · · ·
Malaria: List the name of any malaria tablets that you have previously taken, if you			
cannot remember the name of the tab	let it m	ay be ι	useful to list the country visited
when taking anti-malarial medication.			

**Vaccination History:** Please tick any travel vaccine that you have previously been given and if known when the vaccines were given

✓	Travel Vaccine	Date(s) given if known
	BCG	
	Cholera	
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Influenza	
	Japanese B Encephalitis	
	Meningitis ACWY	
	MMR	
	Rabies	
	Tick-borne Encephalitis	
	Typhoid	
	Yellow Fever	
	Other	

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Note: There may be a charge for certain vaccines, and your Nurse can provide these details. After submitting your travel form, please make an appointment in 2 weeks time with the Nurse.

## Remember:

- Take out adequate travel insurance including any possible 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 (<a href="https://www.dh.gov.uk">www.dh.gov.uk</a>), by phone (0845 606 2030), or by post using a form from the Post Office
- A dental check-up before you travel may prevent problems while you are away.
- Ensure you have enough of your current medication to see you through your trip. This may include contraceptives, inhalers etc.
- 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, the Foreign and Commonwealth
  Office website <a href="www.FCO.gov.uk">www.FCO.gov.uk</a> contains information and up to date advice on
  travelling abroad, including information about risks in specific countries

Signed:	Date:

This leaflet has been prepared by Sanofi Pasteur MSD to give you general information on issues relating to travel Health. It is not meant as an alternative to individual advice and should be used in conjunction with advice provided by a health care professional.