

TRAVELLING ABROAD?

Pre Travel Risk Assessment Form

Please complete this form prior to your appointment and return it to the Surgery. The information you provide will help your Nurse / Doctor to assess your travel health needs before your trip.

Name:	Date of Birth:	Male / Female
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Date of Travel	Date of Return
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Destination: Give details of the countries you will be visiting, in correct order, including any country you may be just passing through.

Country to be visited Area / Region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?
1.			
Please write additional information on a separate sheet of paper			

Type of Travel: Circle which activity best describes the purpose of your trip

Reason for travel	Business	Pleasure	Other
Type of holiday / travel	Package Self organised	Cruising Camping	Trekking Backpacking
Are you travelling with	Family	Group	Alone
Planned activities	Leisure	Adventure	Safari

Do you have or have you ever had any of the following:

Allergies (e.g. eggs, antibiotics)	
A previous reaction to any vaccine	
Recent surgery	
Treatment with steroids, chemotherapy or radiotherapy	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, depression or mental illness	

Vaccination History: Please tick any travel vaccine that you have previously been given stating when.

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

