



TRAVEL RISK ASSESSMENT FORM

Ideally to be completed by traveller prior to appointment

Name:			Date of Birth:		
Male:		Female:		Email:	
Telephone number:			Mobile number:		

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP:

Date of departure:		Total length of trip:			
Country to be visited:	Exact location or region:	City or Rural:		Length of stay:	

Have you taken out travel insurance for this trip?		Do you plan to travel abroad again in the future?	
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TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY:

Holiday:		Cruise trip:		Backpacking:	
Business Trip:		Safari:		Camping/hostels:	
Expatriate:		Pilgrimage:		Diving:	
Volunteer work:		Adventure:		Visiting friends/family:	
Healthcare worker:		Medical tourism:		Other (please specify):	
Staying in a hotel:		Access to medical facilities:			

Washington House Surgery: 77 Halse Road, Brackley NN13 6EQ
Brackley Health Centre: 68 Halse Road, Brackley NN13 6EJ
 Tel: 01280 702436
 e-mail: reception.k83049@nhs.net

PLEASE SUPPLY DETAILS OF ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST:

Tetanus/polio/diphtheria:		Hepatitis A:	
Typhoid:		Hepatitis B:	
Cholera:		Japanese Encephalitis:	
Rabies:		BCG:	
Yellow Fever:		Influenza:	
MMR:		Pneumococcal:	
Meningitis:		Tick-borne Encephalitis:	
Malaria Tablets:		Other:	

ARE YOU CURRENTLY TAKING ANY MEDICATION (including prescribed, purchased or a contraceptive pill)?

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY:

	YES	NO	DETAILS:
Are you fit and well today?			
Any allergies; including food, latex, medication?			
Severe reaction to a vaccine before?			
Tendency to faint with injections?			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed?			
Recent chemotherapy/radiotherapy/organ transplant?			
Anaemia?			
Bleeding/clotting disorders (including history of DVT)?			
Heart disease (e.g. angina, blood pressure)?			
Diabetes?			
Disability?			
Epilepsy/seizures?			
Gastrointestinal (stomach) complaints?			
Liver and/or kidney problems?			
HIV/AIDS?			
Immune system condition?			
Mental health issues (including anxiety, depression)?			
Neurological (nervous system) illness?			
Respiratory (lung) disease?			
Rheumatology (joint) conditions?			
Spleen problems?			
Any other conditions?			
WOMEN ONLY			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

ANY ADDITIONAL INFORMATION: