

**TRAVEL RISK ASSESSMENT FORM**

Complete this form and return it to the surgery. We will contact you to let you know the outcome and book an appointment if required.

*For surgery use only:*

|       |  |                |  |
|-------|--|----------------|--|
| Name: |  | Date of birth: |  |
|-------|--|----------------|--|

|              |  |                        |   |                           |
|--------------|--|------------------------|---|---------------------------|
| Please tick: |  | Telephone number(s): 1 |   | In order of preferred use |
| M            |  | F                      | 2 |                           |

**PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW:**

|                              |                                 |                       |                       |
|------------------------------|---------------------------------|-----------------------|-----------------------|
| Date of departure:           |                                 | Total length of trip: |                       |
| <b>COUNTRY TO BE VISITED</b> | <b>EXACT LOCATION OR REGION</b> | <b>CITY OR REGION</b> | <b>LENGTH OF STAY</b> |
| 1.                           |                                 |                       |                       |
| 2.                           |                                 |                       |                       |
| 3.                           |                                 |                       |                       |

(to be continued on separate sheet if necessary)

|  |   |
|--|---|
| Have you taken out travel insurance for this trip? | Do you plan to travel abroad again in the future? |
|  |   |

**TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY**

|                |  |                    |  |                 |  |                   |  |
|----------------|--|--------------------|--|-----------------|--|-------------------|--|
| Holiday        |  | Healthcare work    |  | Pilgrimage      |  | Adventure         |  |
| Business trip  |  | Staying in hotel   |  | Medical tourism |  | Diving            |  |
| Expatriate     |  | Cruise ship travel |  | Backpacking     |  | Visiting friends/ |  |
| Volunteer work |  | Safari             |  | Camping/hostels |  | family            |  |

**PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY**

|   | YES | NO | DETAILS |
|---|-----|----|---------|
| Are you fit and well today?   |     |    |         |
| Any allergies to food, latex, medication?   |     |    |         |
| Severe reaction to a medication before?   |     |    |         |
| Tendency to faint with injections?  |     |    |         |
| Any surgical operations in the past including your spleen or thymus gland removed |     |    |         |
| Recent chemotherapy/radiotherapy/organ transplant                                 |     |    |         |
| Anaemia   |     |    |         |
| Bleeding/clotting disorders (including history of DVT)                            |     |    |         |
| Heart disease (eg. Angina, high blood pressure)                                   |     |    |         |

| <b>PERSONAL MEDICAL HISTORY</b> (continued)         | <b>YES</b> | <b>NO</b> | <b>DETAILS</b> |
|---|------------|-----------|----------------|
| Diabetes  |            |           |                |
| Disability  |            |           |                |
| Epilepsy/seizures                                   |            |           |                |
| Gastrointestinal (stomach) problems                 |            |           |                |
| 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 QUESTIONS:**

|  |  |  |  |
|--|--|--|--|
| Are you pregnant?                      |  |  |  |
| Are you breastfeeding?                 |  |  |  |
| Are you planning pregnancy while away? |  |  |  |

**Are you currently taking any medication** (including prescribed, purchased or contraceptive pill)?

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**If appropriate, please supply information about any malaria tablets taken in the past**

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**Any additional information** (please continue on a separate sheet if necessary)?

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**PLEASE NOTE WE ONLY PROVIDE NHS VACCINATIONS AT THE SURGERY.  
THE PRACTICE NURSE WILL BE ABLE TO ADVISE IF YOU NEED ANY OTHER  
PRIVATE TRAVEL VACCINATIONS FROM A PRIVATE TRAVEL CLINIC**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_