

TRAVEL RISK ASSESSMENT FORM – MUST be completed by traveller prior to appointment

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|--|---|--|---------------------------------|
| Name: | | Date of Birth | |
| | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Email: | | Telephone number: | |
| | | Mobile Number: | |
| PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW: | | | |
| Date of Departure: | | Total length of trip: | |
| COUNTRY TO BE VISITED | EXACT LOCATION OR REGION | CITY OR RURAL | LENGTH OF STAY |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| <p>Have you taken out travel insurance for this trip?</p> <p>Do you plan to travel abroad again in the future?</p> | | | |
| TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY | | | |
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Staying in hotel | <input type="checkbox"/> Backpacking | Additional Information |
| <input type="checkbox"/> Business trip | <input type="checkbox"/> Cruise ship trip | <input type="checkbox"/> Camping/hostels | |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Safari | <input type="checkbox"/> Adventure | |
| <input type="checkbox"/> Volunteer work | <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Diving | |
| <input type="checkbox"/> Healthcare worker | <input type="checkbox"/> Medical tourism | <input type="checkbox"/> Visiting Friends/Family | |
| PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY | | | |
| | YES | NO | DETAILS |
| 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, high blood pressure) | | | |
| Diabetes | | | |
| Disability | | | |

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with the resources below:

- Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London (www.rcn.org.uk)
- Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK www.nathnac.org

| | YES | NO | DETAILS |
|--|-----|----|---------|
| 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? | | | |

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

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PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST

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

Any additional information

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