

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

Name:		Date of Birth	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email:		Telephone number:	
		Mobile Number:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW:</b>			
Date of Departure:		Total length of trip:	
<b>COUNTRY TO BE VISITED</b>	<b>EXACT LOCATION OR REGION</b>	<b>CITY OR RURAL</b>	<b>LENGTH OF STAY</b>
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>			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY</b>			
<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			
<b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>			
	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
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](http://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](http://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?			
<b>WOMEN ONLY</b>			
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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