

Important Information

- **Please note we need travel forms at least 10 WEEKS PRIOR TO TRAVEL. Failure to do this could result in us not being able to administer your vaccinations on the NHS.**
- **It is the responsibility of the patient to read the attached travel information.**
- **We recommend that you complete your own research, by using the signposted website Travel Health Pro, to investigate the vaccines you may require.**
- **We also recommend that you proactively organise an appointment with a private travel clinic, as soon as possible, for the vaccines that are not provided by the NHS, as some courses can take several months.**



PRE-TRAVEL RISK FORM

To be completed by Traveller PRIOR to appointment



Name:		Date of Birth:	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>
E mail:		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.			
4.			
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			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in Hotel	<input type="checkbox"/> Backpacking	<u>Additional Information</u>
<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
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, high blood pressure)?			
Diabetes?			
Disability?			
Epilepsy/seizures?			

**RETURN COMPLETED PRE TRAVEL RISK FORM ONLY
PRE-TRAVEL RISK FORM FOR COMPLETION**

	YES	NO	DETAILS
Gastrointestinal (stomach) complaints?			
Liver and or kidney problems?			
HIV/AIDS?			
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)?			

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:					

Pre-Travel Risk Assessment form created in conjunction with resource below:

Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK. www.nathnac.org