



Travel risk assessment form – ideally to be completed by traveller prior to appointment.

Name:		DOB:	
		Male/female:	
Email:		Telephone:	
		Mobile:	
Please supply information about your trip in the sections below			
Date of departure:		Length of trip:	
Country	Location/region	City/rural	Length of stay
1.			
2.			
3.			
Have you taken out 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	Staying in hotel	Backpacking	Additional info:
Business trip	Cruise ship	Camping/hostel	
Expatriate	Safari	Adventure	
Volunteer work	Pilgrimage	Driving	
Healthcare worker	Medical tourism	Visiting friends/family	
Please supply details of your medical history			
	Yes	No	Details
Are you fit and well today			
Any allergies including food latex and medication			
Severe reaction to any previous vaccines			
Tendency to faint with injections			
Any past surgical operations			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (inc. DVT history)			
Heart disease (e.g. angina or high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			

Gastrointestinal (stomach) complaints			
Liver/kidney problems			
HIV/AIDS			
Immune system condition			
Mental health issues (inc. 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?			
Have you undergone FGM			
Are you currently taking any medication (including prescribed, purchased, or contraceptive)?			
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
Any additional information:			