

BANCHORY GROUP PRACTICE - TRAVEL RISK ASSESSMENT FORM

Date form received.....
Staff Initials.....

Please visit www.fitfortravel.nhs.uk to understand the area you are travelling to, the associated risks and the suggested protection you will require.

Personal details					
Name:			Date of birth: Male [] Female []		
Easiest contact telephone number					
Email					
Dates of trip					
Date of Departure:			Return Date:		
Details about destinations(s)					
Country <u>and</u> location to be visited		Length of stay		Away from medical help at destination, if so, how remote?	
1.					
2.					
3.					
Do you plan to travel abroad again in the future?					
Please tick as appropriate below to best describe our trip					
1. Type of trip	Business		Pleasure		other
2. Holiday type	Package		Self organised		Backpacking
	Camping		Cruise		Trekking
	Altitude		Animal interaction		Work with local population
3. Accommodation	Hotel		Relatives/family home		Other
4. Travelling	Alone		With family/friend		In a group
5. Staying in area which is	Urban		Paddy fields		Other
	Rural		Marshlands		
6. Planned activities	Safari		Adventure		Other
Personal medical history					
Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions)					
List any current or repeat medications					
Do you have any allergies for example to eggs, antibiotics, nuts or latex?					
Have you ever had a serious reaction to a vaccine given to you before?					
Does having an injection make you feel faint?					
Do you or any close family members have epilepsy?					
Do you have any history of mental illness including depression or anxiety?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
Have you had any other vaccinations in past 3 weeks					
Women only: Are you pregnant or planning pregnancy or breast feeding?					

Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed: _____ Date: _____

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Patient Name						
Travel Risk assessment performed Yes [] No []						
Travel vaccines recommended for this trip						
Disease protection	Yes	No	Patient declined vaccine	Booster required?	How many?	Fee
Hepatitis A						
Hepatitis B						
Typhoid						
Chloera						
Tetanus						
Diphtheria						
Polio						
Meningitis ACWY						
Yellow Fever						
Rabies						
Japanese B Encephalitis						
Other						
Private Prescription						
Total cost						

Travel advice and leaflets given as per travel protocol					
Food, water and personal hygiene advice		Travellers' diarrhoea		Blood and bodily fluid infection risks e.g. Hepatitis B	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun & heat protection	

Malaria prevention advice and malaria chemoprophylaxis	
Malaria chemoprophylaxis not required	
Malaria chemoprophylaxis script given	
Requires an appointment with a GP	

Form reviewed - Nurse initials			
Date and time of appt		Booked by	