

SHEFA MEDICAL PRACTICE

TRAVEL RISK ASSESSMENT FORM

Please complete this form **8 weeks** prior to your travel and return to reception as soon as possible any later than 8 weeks the surgery cannot take any responsibilities in giving you the vaccines as you will not be covered

Personal Details	
Name:	Male [] Female []
Date of Birth	
Contact telephone number:	
E Mail	

Date of trip
Date of Departure:
Return date or overall length of trip:

Itinerary and purpose of visit		
Country to be visited	Length of Stay	Away from medical help at Destination, if so, how remote?
1.		
2.		
3.		
Any Future travel plans?		

Please tick as appropriate below to best describe your trip

1.Type of trip	Business		Pleasure		Other	
2.Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise Ship		Trekking	
3.Accommodation	Hotel		Relatives/family home		Other	
4. Travelling	Alone		with family/friends		In a Group	
5.Staying in which area	Urban		Rural		Altitude	
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 condition, thymus disorder)

List any current or repeat medication

Do you have any allergies for example to eggs, antibiotics, and nut?

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 or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breastfeeding?

FOR OFFICE USE ONLY**Travel vaccines recommended for this trip**

Disease Protection	Yes	No	Patient declined vaccine	Further information
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Encephalitis				
Other				

Date form handed in/...../.....

Form given to (staff member initials)

Date Form checked:/...../.....

Checked by Nurse (initials)