

## Pre Travel Risk Assessment Form

Please complete this form prior to your appointment and return it to the surgery. The information you provide will help your nurse/doctor to assess your travel health needs before your trip.

Name	
Date of Birth	Male/Female

Date of travel
Date of return

**Destination:** Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.

Country to be visited Area/region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Type of travel:** Circle which activity best describes the purpose of your trip

<b>Reason for travel</b>	Business	Pleasure	Other
<b>Type of holiday/travel</b>	Package	Cruising	Trekking
<b>Are you travelling with</b>	Self organised	Camping	Backpacking
<b>Planned activities</b>	Family	Group	Alone
	Leisure	Adventure	Safari

**Personal Medical History:**

Give details of any conditions which may affect your travel plans

Do you have any current or past medical conditions of any note  
e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders,  
cancer, HIV

List any medication that you are taking

Do you have or have you ever had any of the following:

Allergies (e.g. eggs, antibiotics)	
A previous reaction to any vaccine	
Recent surgery	
Treatment with steroids, chemotherapy or radiotherapy	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, depression or mental illness	

**Vaccination History:** Please tick any travel vaccine that you have previously  
been given stating when.

✓	Travel Vaccine	Date(s) given if known
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Typhoid	
	Meningitis	
	Rabies	
	Yellow Fever	
	Japanese B Encephalitis	
	Tick-borne Encephalitis	
	Influenza	

**Malaria:** List the name of any malaria tablets that you have previously taken, if you cannot remember the name of the tablet it may be useful to list the country visited.

1.
2.
3.

Please give any further information that you feel may be relevant

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**Remember:**

- Allow plenty of time for a pre-travel consultation, book an appointment with your nurse/doctor at least 6-8 weeks before you travel.
- A dental check-up before you travel may prevent problems while you are away.
- Take out adequate insurance for your destination and activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online ([www.dh.gov.uk](http://www.dh.gov.uk)), by phone (0845 606 2030), or by post using a form from the Post Office
- Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).
- Find out about the place you are travelling, the Foreign and Commonwealth Office website [www.FCO.gov.uk](http://www.FCO.gov.uk) contains information and up to date advice on travelling abroad, including information about risks in specific countries

I have received travel information and advice on the risk and benefits of the vaccines recommended and have had the opportunity to ask questions.  
I consent to the vaccines being given.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

This leaflet has been prepared by Sanofi Pasteur MSD to give you general information on issues relating to travel Health. It is not meant as an alternative to individual advice and should be used in conjunction with advice provided by a health care professional.

## Risk Assessment Form - official use

A pre travel risk assessment is vital to assess the individual health requirements of each traveller, in order to identify the risk factors and plan appropriate vaccination, malaria prevention and health advice.

Travellers Name:
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Travel risk assessment performed:    **YES**        **NO**

**Vaccines recommended for this trip**

		Number of doses schedule required or comments
✓		
	Cholera	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Japanese Encephalitis	
	Meningitis ACW <sub>135</sub> Y	
	Polio	
	Rabies	
	Tetanus	
	Tick-borne Encephalitis	
	Typhoid	
	Yellow Fever	

**Malaria Chemoprophylaxis and advice**

	Chloroquine and proguanil
	Chloroquine
	Atovaquone + proguanil (Malarone)
	Doxycycline
	Mefloquine

	Malaria Advise leaflet given
	Insect Bite Prevention leaflet given

**Travel Health Information Advice Sheet given**

<input type="checkbox"/>	Accidents and Crime
<input type="checkbox"/>	Animal Bites
<input type="checkbox"/>	Food and Water
<input type="checkbox"/>	Insect bite prevention
<input type="checkbox"/>	Travelling with children
<input type="checkbox"/>	Travelling during pregnancy
<input type="checkbox"/>	Travellers with no spleen
<input type="checkbox"/>	Elderly travellers

**Additional Information**

e.g. Travel record card supplied  
Websites advised

Signed by:

Position:

Date:

**This leaflet has been prepared by Sanofi Pasteur MSD and is intended to be used in conjunction with the Pre-travel Questionnaire for travellers**