Routine Vaccinations & Travel Vaccinations

TRAVEL RISK ASSESSMENT FORM- ideally to be completed by traveller prior to appointment

Name:		Date of I	3irth					
		Mala			Famala D			
		Male □			Female			
Email:		Telepho	ne Nu	mber:				
DI EASE SUDDI VINE	ORMATION ABOUT YO	Mobile N			TIONS BELOW:			
Date of Departure:	ORWIATION ABOUT TO	Total Le			HONS BELOW.			
COUNTRY TO BE	EXACT LOCATION	CITY OR			LENGTH OF STAY			
VISITED	OR REGION							
1.								
2.								
3.	l ravel insurance for this	c trin?						
Do you plan to travel abroad again in the future? TYPE OF TRAVEL AND PURPOSE OF TRIP- PLEASE TICK ALL THAT APPLY								
THE OF INAVEL	AND I ON OSE OF T		AOL I	ION A	CE IIIAI AI I E I			
□ Holiday	☐ Staying in Ho	tel	□ Ва	ckpack	ing			
☐ Business Trip	☐ Cruise ship tr	ip	□ Ca	mping/	Hostels			
□ Expatriate	□ Safari		□ Adv	enture/				
☐ Volunteer Work	☐ Pilgrimage		□ Div	ing				
☐ Healthcare Worker	☐ Medical touris	sm	□ Visi	ting Fri	ends/Family			
Additional Information:								
PLEASE SUPPLY D	ETAILS OF YOUR PI	ERSONA	L MED	DICAL	HISTORY			
		YES	NO		AILS			
Are you fit and well to	oday?				-			
Any allergies inc food								
Severe reaction to a	·							
Tendency to faint wit								
Any surgical operation	•							
Recent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
chemotherapy/radiot	herapy/transplant?							
Anaemia?								
Bleeding/clotting disc	orders?							
Heart Disease (e.g a								
pressure)? Diabetes?								
Disability?								
Epilepsy/Seizures?								
Gastrointestinal (stor								
Liver and or kidney p	oropiems?							

	T	VEC	NO	DETAILO	
LIIV//A:4-0		YES	NO	DETAILS	
HIV/Aids?					
Immune system condition?					
Mental health issues?	:!!2				
Neurological (nervous system)	iliness?				
Respiratory (lung) disease?	0				
Rheumatology (joint) conditions	S [*] ?				
Spleen problems?					
Any other conditions?					
Woman only					
Are you pregnant?					
Are you breast feeding?					
Are you planning pregnancy wh	nile away?				
Have you undergone FGM/bee circumcised?	en cut/				
Are you currently taking any	medication?				
PLEASE SUPPLY INFORMAT	TON ON ANY	VACCI	NES (OR MALARIA TABL	ETS TAKEN IN
THE PAST		VACCI	NES (,	ETS TAKEN IN
THE PAST Tetanus/polio	TION ON ANY	VACCI	NES (OR MALARIA TABL	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria	MMR	VACCI	NES (Influenza	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria Typhoid	MMR Hep A	VACCI	NES (Influenza Pneumoccoccal	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria Typhoid Cholera	MMR Hep A Hep B	VACCI	NES (Influenza Pneumoccoccal Meningitis	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria Typhoid	MMR Hep A Hep B Japanese		NES (Influenza Pneumoccoccal Meningitis Tick Borne	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria Typhoid Cholera Rabies	MMR Hep A Hep B Japanese encephalit		NES (Influenza Pneumoccoccal Meningitis Tick Borne Encephalitis	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria Typhoid Cholera Rabies Yellow Fever	MMR Hep A Hep B Japanese		NES (Influenza Pneumoccoccal Meningitis Tick Borne	ETS TAKEN IN
THE PAST Tetanus/polio diphtheria Typhoid Cholera Rabies	MMR Hep A Hep B Japanese encephalit BCG		NES (Influenza Pneumoccoccal Meningitis Tick Borne Encephalitis	ETS TAKEN IN