

Routine Vaccinations & Travel Vaccinations

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

Name:	Date of Birth
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	Telephone Number:
	Mobile Number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW:

Date of Departure:		Total Length of Trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			

Have you taken out travel 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

- | | | |
|--|---|--|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Staying in Hotel | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Business Trip | <input type="checkbox"/> Cruise ship trip | <input type="checkbox"/> Camping/Hostels |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Safari | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> Medical tourism | <input type="checkbox"/> Visiting Friends/Family |

Additional Information:

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Are you fit and well today?			
Any allergies inc food, latex, medication?			
Severe reaction to a vaccine before?			
Tendency to faint with injections?			
Any surgical operations in past?			
Recent chemotherapy/radiotherapy/transplant?			
Anaemia?			
Bleeding/clotting disorders?			
Heart Disease (e.g angina, high blood pressure)?			
Diabetes?			
Disability?			
Epilepsy/Seizures?			
Gastrointestinal (stomach) complaints?			
Liver and or kidney problems?			

