Routine Vaccinations
&
Travel Vaccinations

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

Name:	Date of Birth Male ☐ Female ☐
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

☐ Holiday	☐ Staying in Hotel	☐ Backpacking
☐ Business Trip	☐ Cruise ship trip	☐ Camping/Hostels
☐ Expatriate	☐ Safari	☐ Adventure
☐ Volunteer Work	☐ Pilgrimage	☐ Diving
☐ Healthcare Worker	☐ Medical tourism	☐ 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?			

	YES	NO	DETAILS
HIV/Aids?			
Immune system condition?			
Mental health issues?			
Neurological (nervous system) illness?			
Respiratory (lung) disease?			
Rheumatology (joint) conditions?			
Spleen problems?			
Any other conditions?			
Woman only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			
Have you undergone FGM/been cut/ circumcised?			

Are you currently taking any medication?

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/polio diphtheria		MMR		Influenza	
Typhoid		Hep A		Pneumoccoccal	
Cholera		Hep B		Meningitis	
Rabies		Japanese encephalitis		Tick Borne Encephalitis	
Yellow Fever		BCG		Other	
Malaria Tablets					

Any additional information?