

## 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
	Self organised	Camping	Backpacking
<b>Are you travelling with</b>	Family	Group	Alone
<b>Planned activities</b>	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	

