

CHERRYMEAD SURGERY
TRAVEL RISK ASSESSMENT FORM

Travel immunisation advice can vary according to where you travel, at what time of the year and environmental conditions. Please complete this form prior to your travel appointment and return to us so that up-to-date advice can be prepared in time for your consultation.

Name **Date of birth**

Telephone number

Date of departure **Date of return**

Countries to be visited:

Country	Region	Length of stay

Please circle the descriptions that best fit your trip

Type of trip	Business	Pleasure	Other
Holiday type	Package	Camping	Self-organised
Accommodation	Hotel	Tent	Friends/relatives
Travelling	Alone	With family/friend	In a group
Staying in a place which is	Rural	Urban	Altitude
Activities	Safari	Adventure	Other

Do you have any past medical history of note? This includes diabetes, lung conditions or thyroid disorder?

List any current or repeat medicines

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Do you have any allergies? Eg eggs, antibiotics, nuts?

Have you ever had a reaction to a vaccine before?

Does having an injection make you feel faint?

Do any close family members have epilepsy?

Do you have a history of mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Are you pregnant or breastfeeding?

Have you taken out travel insurance? If you have a medical condition have you informed the insurance company about it?

Any further information that may be relevant

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Vaccination History:

Have you ever had any of the following vaccinations and if so when?

Tetanus	Polio	Diphtheria
Typhoid	Hepatitis A	Hepatitis B
Meningitis	Yellow Fever	Influenza
Rabies	Jab B Enceph	MMR

For discussion when risk assessment is performed within your appointment:

I have no reason to think I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed

Date

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For Cherrymead Surgery use

Advice	Discussed	Leaflet	comments
Medical preparation			
Journey risks			
Safety risks			
Environmental risks			
Food&water-borne risks			
Vector-borne risks			
Air-borne risks			
Sexual Health& BBV			
Skin health			
Psychological health			
Insurance			

Vaccination	Needed Y/N	Date given
Tetanus/polio/diphtheria		
MMR		
Typhoid		
Hepatitis A		
Hepatitis B		
Meningitis		
MMR		
Japanese Encephalitis		
Tick Borne Encephalitis		
Rabies		
Influenza		
Yellow fever		
other		