

Pre Travel Risk Assessment Form

Appointment Date and Time: _____ **With Nurse:** _____

- Please be aware that travel health is **YOUR** responsibility
- We require a minimum of **6 WEEKS** notice in order to provide a full service and to complete courses of some vaccinations
- If you are travelling at short notice we may not be able to provide an appointment, in this case please contact a Private clinic
 - Boots the Chemist at Castlepoint Bournemouth – 01202 548139
 - Southampton Travel Health Clinic – 02380 631922
 - www.travelhealthclinic.co.uk
- Most vaccines are free to you and in stock in the surgery, however be aware some vaccines such as **Rabies, Japanese Encephalitis, Tick Bourne Encephalitis** are not available on the NHS. For these you will be given a Private Prescription for you to obtain the vaccine yourself and arrangements will be made to give the injections in surgery. There is a £25 administration fee for this service, which must be paid prior to receiving the injections.
- If Malaria Prophylaxis is recommended, this will also be via a Private Prescription.

Please complete this form and hand it to Reception when booking your appointment. The information you provide will allow the Practice Nurse to assess your travel health needs for your trip in preparation for your appointment. You may well be contacted by the Nurse Team.

Name:			
Date of Birth		Male/Female	<small>Delete as appropriate</small>
Day Time Contact Number			
Contact Number in case of emergency			

Date of Travel		Date of Return	
Total Duration of Travel			

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 and regions	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?

Type of travel: Please tick all those that describe your trip

<input type="checkbox"/> Volunteer Work	<input type="checkbox"/> Package	<input type="checkbox"/> Adventure
<input type="checkbox"/> Business Trip	<input type="checkbox"/> Self-Organised	<input type="checkbox"/> Leisure
<input type="checkbox"/> Visiting Friend & Family	<input type="checkbox"/> Staying in an Hotel	<input type="checkbox"/> Diving
<input type="checkbox"/> Safari	<input type="checkbox"/> Cruising	<input type="checkbox"/> Pilgrimage
<input type="checkbox"/> Other	<input type="checkbox"/> Camping/Hostels	<input type="checkbox"/> Backpack & trekking
<input type="checkbox"/> Travelling Alone	<input type="checkbox"/> Travelling with a Group	<input type="checkbox"/> Travelling with Family

	YES	NO	Details
Are you Fit and Well			
Allergies (e.g. food. Latex, antibiotics)			
WOMEN ONLY			Date of last period:
Pregnant			Circle trimester: 1 2 3
Planning Pregnancy			
Breastfeeding			
Contraception			Type:

Give details of medical conditions which may affect your travel plans:

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List any medication that you are taking including over the counter medications, contraceptive pill, vitamins and herbal remedies

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Malaria List the name of any malaria tablets that you have previously taken

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Vaccination History:

Please tick any travel vaccine that you have previously been given and if known when the vaccines were given

Tetanus		Hepatitis A		Tick Borne	
Typhoid		Hepatitis B		Diphtheria	
Meningitis		Yellow Fever		Polio	
Rabies		Japanese Encephalitis		Cholera	
MMR		BCG		Other	

TO BE COMPLETED BY PRACTICE NURSE

Travel Advice and leaflets given:

Food & water Hygiene		Animal Bites		Malaria Medication	
Insect Bite protection		Air travel		Private Vaccination fee	
Websites		Blood and Bodily Infection risks		Cold Chain advice	
Travel Record Card		Accidents			
Travellers' Diarrhoea		Sun & Heat Protection			

Vaccinations Recommended by Practice Nurse for this trip:

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Authorisation for patient specific direction use

Signed

Date: