**TRAVEL RISK ASSESSMENT FORM** – to be completed by traveller prior to appointment.

**Travelling Abroad**

**We are able to offer NHS vaccinations such as Hepatitis A & Typhoid (subject to availability) but require at least 8 weeks notice before the expected date of travel.**

**We do not provide a private travel service at this practice and are unable to offer assessments for those with complex travel itineries – there are a number of private travel providers as well as numerous websites available for advice and information:**

**NHS public travel site –** [**www.fitfortravel.scot.nhs.uk**](http://www.fitfortravel.scot.nhs.uk)

**National Travel Health Network and Centre –** [**www.nathnac.org**](http://www.nathnac.org)

**Foreign and Commonwealth Office –** [**www.fco.gov.uk**](http://www.fco.gov.uk)

**Malaria for the general public –** [**www.malariahotspots.co.uk**](http://www.malariahotspots.co.uk)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | Date of birth | | | | | |
| Male 🞏 Female🞏 | | | | | |
| E mail: | | 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 Additional information  🞏 Business trip 🞏 Cruise ship trip 🞏 Camping/hostels  🞏 Expatriate 🞏 Safari 🞏 Adventure  🞏 Volunteer work 🞏 Pilgrimage 🞏 Diving  🞏 Healthcare worker 🞏 Medical tourism 🞏 Visiting friends/family | | | | | | | |
| PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY | | | | | | | |
|  | | | **YES** | **NO** | | **DETAILS** | |
| Are you fit and well today | | |  |  | |  | |
| Any allergies including food, latex, medication | | |  |  | |  | |
| Severe reaction to a vaccine before | | |  |  | |  | |
| Tendency to faint with injections | | |  |  | |  | |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed | | |  |  | |  | |
| Recent chemotherapy/radiotherapy/organ transplant | | |  |  | |  | |
| Anaemia | | |  |  | |  | |
| Bleeding/clotting disorders (including history of DVT) | | |  |  | |  | |
| Heart disease (e.g. angina, high blood pressure) | | |  |  | |  | |
| Diabetes | | |  |  | |  | |
| Disability | | |  |  | |  | |
| Epilepsy/ seizures | | |  |  | |  | |
| Gastrointestinal (stomach) complaints | | |  |  | |  | |
| Liver and or kidney problems | | |  |  | |  | |
| HIV/ Aids | | |  |  | |  | |
| Immune system condition | | |  |  | |  | |

Form adapted by White House Surgery from one devised and created by Jane Chiodini © updated 2022

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| --- | --- | --- | --- |
|  | **YES** | **NO** | **DETAILS** |
| Mental health issues (including anxiety, depression) |  |  |  |
| Neurological (nervous system) illness |  |  |  |
| Respiratory (lung) disease |  |  |  |
| Rheumatology (joint) conditions |  |  |  |
| Spleen problems |  |  |  |
| Any other conditions? |  |  |  |
| **Women only** | | | |
| Are you pregnant? |  |  |  |
| Are you breast feeding? |  |  |  |
| Are you planning pregnancy while away? |  |  |  |
| Have you undergone FGM/ been cut/ circumcised? |  |  |  |

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| **Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)? |
| Please list medications here (and continue overleaf if necessary) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST** | | | | | |
| Tetanus/polio/diphtheria |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis |  |
| Rabies |  | Japanese  Encephalitis |  | Tick Borne Encephalitis |  |
| Yellow fever |  | BCG |  | Other: | |
| Malaria Tablets | | | | | |

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| Any additional information |

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| **HEPATITIS A Advice**: Please be aware that certain individuals can be more at risk of contracting Hepatitis A than others. It has been identified that sexual orientation can be a factor. The nurse can provide additional appropriate advice to you if it is relevant to your personal circumstances at your appointment with her. If you have any concerns, please mention them to her (or note them below): |
|  |

All information supplied on this form will be kept confidential