

Maidstone Road Surgery, Rainham

Travel Risk Assessment Form

Please complete this form, ideally at least 6 weeks before you travel & return it to the surgery either in person or via email to G82180.surgery@nhs.net. One of the practice nurses will then contact you (usually by email) with the appropriate advice. Please note that if you submit a form with less than 3 weeks before travel, we cannot guarantee an appointment for vaccinations.

Personal details						
Name:				Date of birth:		
				Male [] Female []		
Easiest contact telephone number						
E mail						
Dates of trip						
Date of Departure						
Return date or overall length of trip						
Itinerary and purpose of visit						
Country to be visited, exact location/region		Length of stay		City or rural, how remote?		
1.						
2.						
3.						
Please tick as appropriate below to best describe your trip						
1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking/ Trekking	
	Safari		Diving		School Trip	
	Camping/ Hostels		Cruise ship		Healthcare or Volunteer work	
3. Accommodation	Hotel		Relatives / family home		Other	
4. Travelling	Alone		With family / friend		In a group	

5. Staying in area which is	Urban		Rural		Altitude		
6. Planned activities	Safari		Adventure		Other		

Personal medical history

Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions, thymus disorder, bleeding or clotting problems)

List any current or repeat medications

Do you have any allergies for example to food, latex, medications?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you plan to travel again in the future?

Do you have any history or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast-feeding?

Have you taken out travel insurance and if you have a medical condition, informed the insurance company about this?

Please write below any further information which may be relevant

Vaccination History

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

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Pneumococcal		BCG		Cholera	
Other					
Malaria tablets					