

**Huntingdon Road Surgery
TRAVEL RISK ASSESSMENT FORM**

Name: **date of birth:**.....

Length of trip: **date of arrival:**

Countries to be visited:

1) 4)

2) 5)

3) 6)

Type of trip:		Business		Pleasure		Other
Type of holiday:		Package		Self organised		Backpacking
		Working in medicine / with animals / charity		Cruise		Other
Area:		Urban		Rural		Altitude

- Are you well today? Y / N
- Do you take any regular medication? Y / N
- Do you have any allergies to anything including eggs, any drugs including antibiotics, latex? Y / N
- Have you had any immunisations in the last 4 weeks? Y / N
- Do you or any family members have a history of epilepsy, anxiety, depression or any other mental illness? Y / N
- Have you any condition, or have you had any treatment, that could affect your immune system e.g. radiotherapy, chemotherapy, steroid treatment, splenectomy, thymus conditions? Y / N
- Have you ever had a serious reaction to any vaccination or malaria tablets? Y / N
- Do you have psoriasis? Y / N
- Is there anything in your lifestyle or activities on holiday that may put you at extra risk of hepatitis B infection? Y / N
- Are you pregnant, planning to become pregnant in the near future, or breast feeding? Y / N

Continued on next page.

TRAVEL VACCINES RECOMMENDED (R) OR TO BE CONSIDERED (C) FOR TRIP

DISEASE PROTECTION	R/C	PATIENT DECLINED	DATE LAST GIVEN	COURSE/BST REQUIRED	DOSE GIVEN/DATE	DOSE GIVEN/DATE	DOSE GIVEN/DATE
TETANUS							
POLIO							
DIPHTHERIA							
TYPHOID							
HEPATITIS A							
HEPATITIS B							
MENINGITIS ACWY							
JAPANESE ENCEPHALITIS							
RABIES							
CHOLERA							
YELLOW FEVER							
SWINE FLU							
MANTOUX							
BCG							

Malaria chemoprophylaxis required?

Malaria advice given?

Insect repellents and nets advised?

Information leaflet given

- Proguanil
- Chloroquine
- Malarone
- Mefloquine
- Doxycycline

Travel info sheet given Y / N

NATHNAC Y.F info sheet given Y / N

Unlicensed vaccination sheet given Y / N

Vaccine record book given Y / N

Weight of child

Nurse signature

Patient signature