

Travel Risk Assessment Form

- Please complete this form and return to the practice at least 8 weeks prior to your travel departure date
- All information will be held in strict confidence and will be saved to your clinical medical record
- On receipt of the form the Practice Nurse will undertake a risk assessment using the information you have provided so please ensure accurate and all questions are answered fully
- The practice will contact you to advise on your travel needs and the next steps which will include your prescription and travel appointment arrangements, ensure you have provide enough time for completion of this process

Your Personal Details			
Patients Full Name:	Date of Birth:		
Home Address + Postcode	Home Tel No:		
	Mobile Tel No:		
Travel Plans			
Departure Date:	Return to UK Date:		
Countries to be Visited:	Type of trip:		
Accommodation Details:	Any Other Relevant Information to Share:		
Personal Medical History			
Please advise on previous medical history, include: Diabetes, Heart or lung Conditions:			
Do you have any allergies for example to antibiotics, eggs or nuts?			
Have you ever had a serious action to a vaccination before, and if so how?			
Do you have any close relatives that have epilepsy, if so who?			
Do you have any history of mental illness including depression and/or anxiety?			
Have you recently undergone any steroid, radiotherapy or Chemotherapy?			
Women Only – Are you pregnant, planning pregnancy or breastfeeding?			
Please advise of any other information that may be relevant to this Risk assessment			
Vaccination History, please provide dates of previous immunisations			
Tetanus	Polio	Diphtheria	Typhoid
Hepatitis A	Hepatitis B	Meningitis	Influenza
Rabies	Jap B Enceph	Tick Borne	Yellow Fever
Malaria tablets	Other vaccines:		
Patient Consent & Declaration			
I consent to Stoneham Lane Surgery undertaking a Travel Risk Assessment based on the travel itinerary I have provided to them. I will assist with any further enquiries regarding my travel plans. I understand the surgery will provide NHS vaccinations via a prescription and I may need to seek further vaccinations privately.			
Patient Signature.....Date:			

