

Pre Travel Risk Assessment Form

Please complete this form prior to your appointment. The information you provide will help your nurse/doctor to assess your travel health needs before your journey.

Name	
Date of Birth	Male/Female
Country of Birth	Arrival in the UK
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 just be passing through.

Country to be visited area & regions	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?
1.			
2.			
3.			
4.			
5.			
6.			

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

Reason for travel		Type of Holiday		Planned Activities	
<input type="checkbox"/>	Holiday	<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 friends/relatives	<input type="checkbox"/>	Staying in a hotel	<input type="checkbox"/>	Diving
<input type="checkbox"/>	Expatriate/long stay	<input type="checkbox"/>	Cruising	<input type="checkbox"/>	Relief Aid/work
<input type="checkbox"/>	Pilgrimage	<input type="checkbox"/>	Camping/hostels	<input type="checkbox"/>	Other
<input type="checkbox"/>	Volunteer work	<input type="checkbox"/>	Backpacking/trekking	<input type="checkbox"/>	
<input type="checkbox"/>	Healthcare worker	<input type="checkbox"/>	Safari	<input type="checkbox"/>	

	Other		Medical Tourism		
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☐ Do you have travel health insurance?

Are you travelling alone ☐ in a group ☐ or with family ☐

Personal Medical History:

Do you have or have you ever had any of the following:

	Yes	No	Details
Are you fit and well			
Allergies (e.g. food, latex, antibiotics)			
Anaemia			
Anxiety, depression or mental illness			
Bleeding/Clotting disorder, including DVT			
Condition or receiving treatment which may affect your immune system (e.g. steroids, chemotherapy or radiotherapy, organ transplant)			
Diabetes			
Epilepsy/Seizures			
Gastrointestinal (stomach) problems			
Heart disease, including high blood pressure			
HIV/AIDS			
Fainting			
Kidney problems			
Liver problems			
Neurological (nervous system) problems			
Previous reaction to any vaccine			
Recent Surgery			
Respiratory (lung) disease			
Rheumatology (joint) disease			
Spleen problems			
Thymus dysfunction			
Any other conditions			

Women Only			Date of last period		
Pregnant			Circle Trimester	1	2 3
Planning Pregnancy					
Breastfeeding					
Contraception			Type:		

Give details of any medical conditions ticked above or any other current or past condition 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 you have previously taken, if you cannot remember the name of the tablet it may be useful to list the country visited when taking anti-malarial medication.

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Vaccination History: Please **✓** any travel vaccine that you have previously been given and if known when the vaccines were given

✓	Travel Vaccine	Details
	BCG	
	Cholera	
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Influenza	
	Japanese Encephalitis	
	Meningitis	
	MMR	
	Rabies	
	Tick-borne Encephalitis	
	Typhoid	
	Yellow Fever	
	Other	

Please give further information that you feel may be relevant:

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Remember:

<ul style="list-style-type: none">• Take out adequate travel insurance including any possible activities. A European Health Insurance Card (EHIC) entitles you to free or reduced rate medical care in most EU countries. You can apply for one free of charge online (www.dh.gov.uk) , by phone (0845 606 2030), or by post using a form from the Post Office.
<ul style="list-style-type: none">• A dental check-up before you travel may prevent problems while you are away.
<ul style="list-style-type: none">• Ensure you have enough of your current medication to see you through your trip. This may include contraceptives, inhalers etc.
<ul style="list-style-type: none">• Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).
<ul style="list-style-type: none">• Find out about the place you are travelling, the Foreign and Commonwealth Office website www.FCO.gov.uk contains information and up to date advice on traveling abroad, including information about risks in specific countries.

Signed: _____

Date: _____

This leaflet has been prepared by Sanofi Pasteur MSD to provide information for pre-travel risk assessment and is intended to be used in conjunction with the Risk Management Form by a health care professional.

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