

Douglasdale Medical Practice Travel Risk Assessment Form

To be completed by the traveller & returned to reception at least 6 weeks before travel dates

Name:	Date of Birth:
Address:	Telephone number:
.....	Mobile number:
.....	email address:
.....	Male Female Prefer not to say

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
.....
.....

Have you taken out travel insurance for this trip?

Do you plan to travel abroad again in the future?

Travel and purpose of the trip - please tick all that apply

- | | | | |
|--|--|--|------------------------|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Staying in a hotel | <input type="checkbox"/> Backpacking | Additional information |
| <input type="checkbox"/> Business Trip | <input type="checkbox"/> Cruise ship or trip | <input type="checkbox"/> Camping/Hostels | |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Safari | <input type="checkbox"/> Adventure | |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Diving | |
| <input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> Medical tourism | | |

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 e.g. Spleen or thymus gland removal			
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			

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	Yes	No	Details
Gastrointestinal (stomach) complaints			
Liver and Kidney problems			
HIV/AIDS			
Immune system condition			
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 breastfeeding?			
Are you planning pregnancy while away?			
Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?			
.....			
.....			
.....			
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 Bourne Encephalitis	
Yellow Fever	BCG	Other	
Malaria Tablets			
Any additional Information		Admin Use	
.....		Date form received
.....		Date of Assessment
.....		Date of 1st Appt
.....		Date of 2nd Appt
.....		Comments
.....			

Please return completed form to reception at least 6 weeks prior to intended travel dates