

Date Form Received:

<p>For Reception Use Date & Time of Appt.: Nurse:</p>
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Travel Risk Assessment Form to be completed by traveller prior to making an appointment

- Please complete and hand to receptionist who will make an appointment for you for 2 weeks time. You will need a 20 minute appointment per traveller; this will allow time to discuss your itinerary and any vaccines required.
- At the initial appointment NHS vaccinations may be administered, all other vaccines require prepayment for subsequent appointment.
- Please bring any record cards for previous vaccinations to your appointment.
- Please note we do not call to discuss travel, an appointment must be made.
- Some travel vaccines and medication are not available on the NHS and **fees will apply**. These vaccines can also be obtained at commercial travel clinics and pharmacies.
- Some vaccines are given as a course over several weeks or even months. Do allow plenty of time for this when planning your travel.
- Useful websites for travellers include: www.fitfortravel.nhs.uk and <https://nathnac.net/>

NAME:		Contact Numbers	
Date of Birth:		Home:	
		Mobile:	
		Work:	
Please supply information about your travel in the sections below			
Date of Departure/ Travel:		Have you taken out Insurance?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Countries To Be Visited	Exact Location	City/ Rural	Length of Stay
Type Of Holiday	Accommodation	Any Risk Activities Planned	
Tourist Package <input type="checkbox"/>	Hotel <input type="checkbox"/>	<i>Eg. Diving, sport etc.:</i>	
Business <input type="checkbox"/>	Hostels <input type="checkbox"/>		
Cruise Ship <input type="checkbox"/>	Camping <input type="checkbox"/>		
Safari <input type="checkbox"/>	Visiting Friends/Family <input type="checkbox"/>		
Backpacking <input type="checkbox"/>	Other: <input type="checkbox"/>		
Volunteer Work <input type="checkbox"/>			
Pilgrimage <input type="checkbox"/>			
Other: <input type="checkbox"/>			
Allergies & Sensitivities:			
Past Medical History:			
Please add any other relevant information here including any vaccines not given at this surgery:			

Please Leave This Section - For Surgery Use Only

Vaccine	Date Already Received	R	A	SR	B	Given	Declined
Dip/Tet/Polio		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hep A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Typhoid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
MMR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Men ACWY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rabies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hep B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Yellow Fever		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Japanese Encephalitis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TBE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BCG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cholera		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Malaria		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

R = Required, A = Advised, SR = Selectively Recommended (will need further risk assessment & discussion with traveller), B = Course needs completing or booster dose

Advised And Discussed	Yes	No
Food Water And Hygiene	<input type="checkbox"/>	<input type="checkbox"/>
Traveller's Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Bugs And Biter i.e. Dengue/Zika	<input type="checkbox"/>	<input type="checkbox"/>
ABCD of Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Mammal Bites and Immediate Treatment	<input type="checkbox"/>	<input type="checkbox"/>

Form Completed By

Date:

Nurse:

Vaccines Administered By

Date:

Nurse: