

Date form received:

For reception use Date & time of appt Nurse:
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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 with previous vaccinations to your appointment.

Note

- *Some travel vaccines are not available on the NHS and fees will apply. These vaccines can also be obtained at commercial travel clinics.*
- 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
<http://nathnac.net>

NAME		Contact numbers	
Date of birth		Home	
		Work	
		mobile	
Please supply information about your travel in the sections below			
Date of departure/travel		Have you taken out insurance?	
Countries to be visited	Exact location	City/rural	Length of stay
Type of holiday tourist package business cruise ship safari backpacking volunteer work pilgrimage other	Accommodation: Hotel hostels/camping visiting friends or family other	Any risk activities planned eg diving; sport	

Please add any other relevant information here including any vaccines not given at this surgery.
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Please leave - for surgery use only.

Vaccine	Date already received	R:A:SR:B	Given	Declined
Dip/tet/polio				
Hep A				
Typhoid				
MMR				
Meningitis ACWY				
Rabies				
Hep B				
Yellow Fever				
Japanese encephalitis				
TBE				
BCG				
cholera				
Malaria tablets				

R = required (eg for certificate purposes)

A = advised

SR = selectively recommended; will need further risk assessment & discussion with traveller

B = course needs completing or booster due

Advised and discussed

- Food, water and hygiene **Yes/No**
- Travellers Diarrhoea **Yes/No**
- Bugs and Biters ie Denque/Zika **Yes/No**
- ABCD of Malaria **Yes/No**
- Mammal bites and immediate treatment **Yes/No**

Form completed by:

Vaccines Administered by:

Nurse _____

Nurse _____

Date _____

Date _____