

TRAVEL RISK ASSESSMENT FORM

Please complete a separate form for all travellers and return to pa@privategp.org. For all children please provide a copy of the immunisation pages from their child health record (red book).

SECTION 1: PERSONAL INFORMATION

Name:

Date of Birth:

Male

Female

Tel:

E-Mail:

SECTION 2: TRAVEL DETAILS

Date of Departure:

Length of Trip:

	COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.				
2.				
3.				

Purpose of Trip (please select all that apply)

Holiday
Business
Volunteering
Healthcare worker
Visiting friends/family
Adventure
Diving
Pilgrimage
Medical
Expatriate

Type of Travel (please select all that apply)

Staying in hotel
Cruise
Backpacking
Safari
Camping

Any other relevant information:

Do you have travel insurance for this trip?

Yes

No

Do you plan to travel abroad again in the future?

Yes

No

3. CURRENT MEDICATIONS

Please provide details of any medications that you are currently taking, including prescribed, non-prescribed or contraceptive:

4. MEDICAL HISTORY

	Yes	No	Please Provide Details:
Are you currently fit & well?			
Do you have any allergies? (including food, latex, medication)			
Have you ever had a severe reaction to a vaccine?			
Have you ever fainted when receiving an injection?			
Have you ever had chemotherapy, radiotherapy or an organ transplant?			
Do you have any of the following conditions:			
Anaemia			
Bleeding or clotting disorders			
Heart disease (e.g. angina / high blood pressure)			
Diabetes			
Disability			
Epilepsy or seizures			
Liver problems			
Kidney problems			
Spleen problems			
HIV / AIDS			
Immune system condition			
Gastrointestinal complaints (stomach)			
Neurological issues (nervous system)			
Respiratory disease (lungs)			
Rheumatology conditions (joints)			
Mental health issues (including anxiety / depression)			
Do you have any other conditions not mentioned above?			
Are you currently pregnant? (female only)			
Are you currently breastfeeding? (female only)			
Are you planning pregnancy whilst you are away? (female only)			
Have you undergone FGM, been cut or circumcised? (female only)			

5. PREVIOUS VACCINES OR MALARIA TABLETS TAKEN

✓	Vaccination:	Date / Details:	✓	Vaccination:	Date / Details:
	Tetanus / Polio / Diphtheria			MMR	
	Influenza			Typhoid	
	Hepatitis A			Hepatitis B	
	Meningitis			Pneumococcal	
	Cholera			Rabies	
	Japanese Encephalitis			Tick Borne Encephalitis	
	Yellow Fever			BCG	
	Other:			Malaria Tablets:	

6. ADDITIONAL INFORMATION

PLEASE REMEMBER TO INCLUDE COPIES OF YOUR CHILD'S RED BOOK VACCINATION PAGES.