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 trip.

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 be just passing through.

Country to be visited area & region(s)	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 ✓ all those that describe your trip

Reason for Travel		Type of Holiday		Planned Activities	
	Holiday		Package		Adventure
	Business Trip		Self Organised		Leisure
	Visiting friends/relatives		Staying in a hotel		Diving
	Expatriate/long stay		Cruising		Relief Aid/work
	Pilgrimage		Camping/hostels		Other
	Volunteer work		Backpacking/trekking		
	Healthcare worker		Safari		
	Other		Medical Tourism		

☐ **Do you have travel health insurance?**

Are 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) illness			
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 medical conditions ticked above or any other current or past condition which may affect your travel plans

List any medication that you are taking including over the counter medications, contraceptive pill, vitamins and herbal remedies.

Malaria: List the name of any malaria tablets that 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.

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

✓	Travel Vaccine	Date(s) given if known
	BCG	
	Cholera	
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Influenza	
	Japanese Encephalitis	
	Meningitis	
	MMR	
	Rabies	
	Tick-borne Encephalitis	
	Typhoid	
	Yellow Fever	
	Other	

Please give any further information that you feel may be relevant

Remember:

- 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
- A dental check-up before you travel may prevent problems while you are away.
- Ensure you have enough of your current medication to see you through your trip. This may include contraceptives, inhalers etc.
- Pack a first aid kit (a sterile kit of emergency equipment may be a good idea if you are going somewhere remote).
- 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 travelling 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.

April 2012