MID DEVON MEDICAL PRACTICE

TRAVEL RISK ASSESSMENT FORM

Please complete this form and return to reception, prior to your travel appointment

Personal details	
Name:	**Date of birth:** **Male** [ ] **Female** [ ]
Contact details	
Dates of trip	
Date of Departure	
Return date or overall length of trip	

Itinerary and purpose of visit		
Country to be visited	**Length of stay**	**Away from medical help at destination, if so, how remote?**
1.		
2.		
3.		

Please tick as appropriate below to best describe your trip

1. Purpose of trip	Business		Pleasure		Other		
2. Type of trip	Package		Self organised		Backpacking		
	Camping		Cruise ship		Trekking		
3. Accommodation	Hotel		Relatives / family home		Other		
4. Travelling	Alone		With family / friend		In a group		
5. Location type	Urban		Rural		Altitude		
6. Activity type	Safari		Adventure		Other		

Personal medical history
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder)
List any current or repeat medications
Do you have any allergies for example to eggs, antibiotics, nuts ?
Have you ever had a serious reaction to a vaccine given to you before?
Does having an injection make you feel feint?
Do you or any close family members have epilepsy?
Do you have any history or mental illness including depression or anxiety
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant or planning pregnancy or breast feeding?
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?
Please write below any further information which may be relevant

Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria tablets					

Thank you for informing us of your travel plans.

We ask that all travellers provide the Practice with a minimum of eight weeks' notice, however for those with a multi-stop itinerary please note that a minimum of 12 weeks' notice is required.

Upon collection of this form, please make an appointment with the Practice Nurse. For single travellers please allow 20 minutes, for a family of four please allow 30 minutes. The appointment needs to be a minimum of six weeks before you travel.

Please return this from to the Practice at least one week before your scheduled appointment to enable the Practice Nurse time to research the country that you are visiting and to plan your vaccination programme.

Some vaccines are free on the NHS, however not all. The Practice Nurse will advise you if you require medications that are not available on the NHS. We are able to provide these for you, with the exception of yellow fever, privately. You will be advised of the cost and we respectfully ask that the vaccines or tablets are paid for in advance, as these will be sourced especially for you.

Please note: If you are taking a last minute break and are travelling less than six weeks from now, we may be unable to provide you with a travel health service. In this instance the nearest independent (non-NHS) travel health service is in Exeter.

Travel Health Consultancy 22 Southernhay West Exeter EX1 1PR Tel: 01392 430590
office@travelhealthconsultancy.co.uk

Please note that the above details are provided for your convenience, the Practice does not endorse this service nor is it linked to the Travel Health Consultancy.

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed _____ Date _____

For official use

Patient Name:

Travel risk assessment performed Yes [ ] No [ ]

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP

Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL

Food water and personal hygiene advice		Travellers' diarrhoea		Hepatitis B and HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun and heat protection	
Websites		Travel Record card supplied OTHER			

MALARIA PREVENTION ADVICE and MALARIA CHEMOPROPHYLAXIS

Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

FUTHER INFORMATION
e.g. weight of child

Signed by: **Position:** **Date:**