

TRAVEL RISK ASSESSMENT FORM

– to be completed by the traveller prior to appointment

If you have access to the internet, we strongly recommend that you look at the travel information on the NHS travel database FitForTravel www.fitfortravel.nhs.uk for your destination, to see what vaccines or other advice you may need.

Welbeck surgery only provides a basic travel service. If you need vaccines other than standard UK childhood vaccines, Typhoid or Hepatitis A, or if you need anti-malarials, you'll need to contact a private travel clinic or pharmacy (details overleaf).

Name:		Date of Birth:	
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email:		Telephone number:	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Trip length:	
Country to be visited	Exact location /region	City or Rural	Length of stay
1.			
2.			
3.			
Have you taken out travel insurance for this trip? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you plan to travel abroad again in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE MARK ALL THAT APPLY			
Holiday <input type="checkbox"/>	Staying in hotel <input type="checkbox"/>	Backpacking <input type="checkbox"/>	Additional Information:
Business trip <input type="checkbox"/>	Cruise ship trip <input type="checkbox"/>	Camping / Hostels <input type="checkbox"/>	
Expatriate <input type="checkbox"/>	Visiting friends/family <input type="checkbox"/>	Adventure <input type="checkbox"/>	
Volunteer work <input type="checkbox"/>	Pilgrimage <input type="checkbox"/>	Scuba Diving <input type="checkbox"/>	
Healthcare worker <input type="checkbox"/>	Medical tourism <input type="checkbox"/>	High altitude (over 2400m) <input type="checkbox"/>	
Work with animals <input type="checkbox"/>	Remote areas <input type="checkbox"/>	Safari <input type="checkbox"/>	
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today	<input type="checkbox"/>	<input type="checkbox"/>	
Tendency to faint with injections	<input type="checkbox"/>	<input type="checkbox"/>	
Women only:			
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you planning pregnancy while away?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>	

ARE YOU CURRENTLY TAKING ANY MEDICATION?

(including prescribed, purchased or a contraceptive pill)

PLEASE TELL US ABOUT ANY VACCINES OR ANTI-MALARIAL TABLETS TAKEN IN THE PAST

Tetanus/Polio/Diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese B Encephalitis		Tick Borne Encephalitis	
Yellow fever		BCG		Other	
Anti-Malarial Tablets					

ANY ADDITIONAL INFORMATION THAT MAY BE RELEVANT?**LOCAL PHARMACIES PROVIDING ANTI-MALARIALS****Boots Victoria Centre, Tel. 0115 941 0199****Carlton Hill Pharmacy, 359 Carlton Hill 0115 9873660****Carrington Pharmacy, 351 Mansfield rd 0115 9605453****Glasshouse street Pharmacy 0115 948 0685****Manor Pharmacy, 103 Front street, Arnold 0115 9266406****LOCAL TRAVEL CLINICS****Nottingham Walk In Centre Travel Clinic: (London road, next to the BBC), Tel. 0115 844 0212****Nottingham University Travel Clinic: (Cripps Health Centre, Nottingham University), Tel. 0115 846 8888,
Open: Mon-Fri 8:00-18:30****TravelDoc: (Regent street, Nottingham), Tel. 0800 583 3331**

(This information is correct as of March 2016)