

PRE TRAVEL RISK ASSESSMENT FORM

MUCH BIRCH SURGERY – DRS DAVIES, JOHNSON, ENGLAND AND SEFTEL

Please complete this form prior to your appointment and return it to the surgery. The information you provide will help your nurse/doctor to assess your travel health needs before your trip.

Name:	
Date of Birth:	Male/Female
Address:	
Tel contact No:	
Date of travel:	Date of return:

Destination: Please give details of the countries and specific regions in those countries you will be travelling to/through, in the correct order. Add extra pages if necessary.

Country to be visited Area/region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?
1			
2			
3			
4			
5			
6			
7			
8			

Type of travel: Circle which activity best describes the purpose of your trip

Reason for travel	Business	Pleasure	Other
Are you travelling with	Alone	Group	Family
Type of holiday/travel	Package tour	backpacking	cruising
Planned activities	Leisure	Adventure	volunteer work

PTO

Personal Medical History:

Give details of any conditions which may affect your travel plans

Do you have any current or past medical conditions such as recent surgery/deep vein thrombosis (DVT)/diabetes/heart/lung conditions/pregnancy/cancer

List any medications that you are taking

Have you ever had a reaction to a previous vaccine?

Have you any allergies?

REMEMBER

Allow 6-8 weeks for a pre-travel consultation with the practice nurse

Take out adequate insurance for your trip.

A European health insurance card (EH1C) entitles you to free/reduced medical care in most EU countries – they are free of charge if you apply online at www.dh.gov

Find out more about the country/countries you are visiting with up to date information on www.fco.gov.uk (foreign and commonwealth office)

NAME DATE

SIGNATURE