

## **TRAVEL RISK ASSESSMENT FORM**

### **Today's Date:**

Due to high demand we are unable to see patients who are travelling in less than 4 weeks. Please go directly to a private travel clinic.

Please note: You will be called back within 2 weeks of handing in your form. We will try twice, but if we are unsuccessful we will let reception know the action that is required.

We do not offer any private vaccinations at the surgery. Please arrange this ASAP to ensure adequate time for vaccination schedule.

NHS vaccines include typhoid, diphtheria, tetanus and polio vaccine. All other vaccines are private.

**No current stock available of hep A Adult (National Shortage) please source privately.**

### **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP.**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male  Female

Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Country to be visited:	Any transits:	Exact locations (Rural/City):	Date of departure:	Total length of trip:
1.				
2.				
3.				
4.				

### **TYPE OF TRAVEL AND PURPOSE OF TRIP –**

#### **PLEASE TICK ALL THAT APPLY**

Holiday  Staying in hotel  Backpacking  Additional information  Business trip  Cruise ship trip  Camping/hostels  Expatriate  Safari  Adventure  Volunteer work  Pilgrimage  Diving  Healthcare worker  Medical tourism  Visiting friends/family

Have you taken out travel insurance for this trip?

**PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST:**

Any additional information?