

**TRAVEL RISK ASSESSMENT FORM** – ideally to be completed by traveller prior to appointment.

|   |   |   |                               |
|---|---|---|-------------------------------|
| Name:   |   | Date of birth   |                               |
|   |   | Male <input type="checkbox"/> Female <input type="checkbox"/> |                               |
| E mail:   |   | Telephone number:   |                               |
|   |   | Mobile number:  |                               |
| <b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>                  |   |   |                               |
| Date of departure:  |   | Total length of trip:   |                               |
| <b>COUNTRY TO BE VISITED</b>  | <b>EXACT LOCATION OR REGION</b>           | <b>CITY OR RURAL</b>  | <b>LENGTH OF STAY</b>         |
| 1.  |   |   |                               |
| 2.  |   |   |                               |
| 3.  |   |   |                               |
| Have you taken out travel insurance for this trip?                                      |   |   |                               |
| Do you plan to travel abroad again in the future?                                       |   |   |                               |
| <b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY</b>                  |   |   |                               |
| <input type="checkbox"/> Holiday  | <input type="checkbox"/> Staying in hotel | <input type="checkbox"/> Backpacking                          | <u>Additional information</u> |
| <input type="checkbox"/> Business trip  | <input type="checkbox"/> Cruise ship trip | <input type="checkbox"/> Camping/hostels                      |                               |
| <input type="checkbox"/> Expatriate   | <input type="checkbox"/> Safari           | <input type="checkbox"/> Adventure                            |                               |
| <input type="checkbox"/> Volunteer work   | <input type="checkbox"/> Pilgrimage       | <input type="checkbox"/> Diving                               |                               |
| <input type="checkbox"/> Healthcare worker  | <input type="checkbox"/> Medical tourism  | <input type="checkbox"/> Visiting friends/family              |                               |
| <b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>                           |   |   |                               |
|   | <b>YES</b>                                | <b>NO</b>   | <b>DETAILS</b>                |
| Are you fit and well today  |   |   |                               |
| Any allergies including food, latex, medication   |   |   |                               |
| Severe reaction to a vaccine before   |   |   |                               |
| Tendency to faint with injections   |   |   |                               |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed |   |   |                               |
| Recent chemotherapy/radiotherapy/organ transplant                                       |   |   |                               |
| Anaemia   |   |   |                               |
| Bleeding /clotting disorders (including history of DVT)                                 |   |   |                               |
| Heart disease (e.g. angina, high blood pressure)  |   |   |                               |
| Diabetes  |   |   |                               |
| Disability  |   |   |                               |
| Epilepsy/seizures   |   |   |                               |
| Gastrointestinal (stomach) complaints   |   |   |                               |
| Liver and or kidney problems  |   |   |                               |
| HIV/AIDS  |   |   |                               |
| Immune system condition   |   |   |                               |

|  | YES | NO | DETAILS |
|--|-----|----|---------|
| Mental health issues (including anxiety, depression) |     |    |         |
| Neurological (nervous system) illness                |     |    |         |
| Respiratory (lung) disease                           |     |    |         |
| Rheumatology (joint) conditions                      |     |    |         |
| Spleen problems                                      |     |    |         |
| Any other conditions?                                |     |    |         |
| <b>Women only</b>                                    |     |    |         |
| Are you pregnant?                                    |     |    |         |
| Are you breast feeding?                              |     |    |         |
| Are you planning pregnancy while away?               |     |    |         |
| Have you undergone FGM / been cut / circumcised      |     |    |         |

**Are you currently taking any medication** (including prescribed, purchased or a contraceptive pill)?

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

|                          |  |                       |  |                         |  |
|--------------------------|--|-----------------------|--|-------------------------|--|
| Tetanus/polio/diphtheria |  | MMR                   |  | Influenza               |  |
| Typhoid                  |  | Hepatitis A           |  | Pneumococcal            |  |
| Cholera                  |  | Hepatitis B           |  | Meningitis              |  |
| Rabies                   |  | Japanese Encephalitis |  | Tick Borne Encephalitis |  |
| Yellow fever             |  | BCG                   |  | Other                   |  |
| Malaria Tablets          |  |                       |  |                         |  |

**Any additional information**

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Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London. [www.rcn.org.uk](http://www.rcn.org.uk)
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK.