

WAREHAM SURGERY

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Travel Risk Assessment Form

Travel risk assessment (form A) – to be completed by traveller prior to appointment

Name: Address:	Date of Birth:	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Telephone Number: Consent to leave a message Yes / No	
	Mobile Number: Consent to leave a message Yes / No	
Email: Consent to email - Yes / No <i>(please note emails may not be secure once they have left Wareham Surgery and if you share an email address, we cannot accept responsibility for information seen by another person)</i>		

Please Supply information about your trip in the sections below

Date of departure:	Total length of trip:
Country to be visited:	Exact Location or region:
City or rural:	Length of stay:

Have you taken out travel insurance for this trip?

Do you plan to travel abroad again in the future?

Type of travel and purpose of trip – please tick all that apply

<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in Hotel	<input type="checkbox"/> Backpacking	Additional information:
<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"/> Driving	
<input type="checkbox"/> Healthcare Worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	

Please supply details of your personal medical history

	Yes	No	Details
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)			

	Yes	No	Details
Disability			
Epilepsy/ seizures			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV / AIDS			
Immune system condition			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions			
Women Only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

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

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		

Please note: we can only provide NHS vaccinations (polio, typhoid, hepatitis A and cholera). If you require other vaccinations, you will need to go to a private travel clinic.

Any additional information

PLEASE RETURN THE COMPLETED FORM TO THE SURGERY AND THE TRAVEL NURSE WILL CONTACT YOU TO MAKE AN APPOINTMENT

Please note: your form will be reviewed dependent on date of travel

Reception to complete:

Date form returned.....