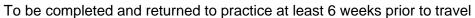
Travel Risk Assessment Form

Patient Details





Forms can be returned to Reception, or sent by email to freshwell.administration@nhs.net

Name Address						Date of birth				
						NHS numbe				
Au	uicss				——	Home Tele				
					'	ionic reie	prioric			
Email					N	Mobile Tele	le Telephone			
Tra	avel Itinerary	_								
	Dates	C	ountry		Exact lo	cation/reg	ion	City o	or Rural	Length of Stay
1.										
2.										
3.										
4.										
Tra	avel Informa	tio	n (please tick a	ll that	apply)					
Ту	pe		☐ Holiday☐ Expatriate	trip	siness uise ship	□ Volunt□ Health			□ Visiting□ Pilgrima	friends/family
Δς	commodation	n.	□ Hotel		mping	□ Hostel		VOIKEI	□ Friends	
	tivities	<i>)</i>	□ Safari	□ Div		□ Adven				/I diffilly
Ad	ditional info	orm 	ation:							
Me	dical Histor	У								
						Yes	No		De	tails
Are	you fit and	well	today							
Se	vere reaction	to	a vaccine befo	re						
Ter	ndency to fai	nt v	vith injections							
An	y surgical op	era	tions in the pas	t, inclu	uding e.g.					
you	ur spleen or t	hyn	nus gland remo	ved						
Re	cent chemot	hera	apy/radiotherap	y/orga	an transpla	nt				
Ana	aemia									
Ble	eding /clottir	ng d	lisorders (includ	ding hi	story of					
DV	T)		,		•					
He	art disease (e.g.	angina, high b	lood p	ressure)					
Dia	abetes									
Dis	ability									
	ilepsy/seizur									
Ga	strointestinal	(st	omach) compla	aints						
	er and or kid									

HIV/AIDS

Immune system condition

Mental health issues (incli	uding 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 pregnan	cy while away?												
	ines or malaria tablets taken		CI CI										
Tetanus/Polio/Diptheria	MMR		nfluenza										
Typhoid	Hepatitis A		Pneumococcal										
Cholera	Hepatitis B		Meningitis										
Japanese Encephalitis	Rabies		Yellow Fever										
Tick Borne	BCG	(Other										
Encephalitis													
Malaria Tablets													
Allorgios													
Allergies	sacramy (include food letey o	ad madiaatian											
Flease afficilla tills as fle	ecessary (include food, latex a	iu medication,)										
Medications													
Medications Please amend this as ne	ecessary (include prescribed r	ourchased or c	ontraceptive pill)										
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