

Travel Risk Assessment Form

To be completed and returned to practice at least 6 weeks prior to travel



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

Patient Details			
Name		Date of birth	
Address		NHS number	
		Home Telephone	
Email		Mobile Telephone	

Travel Itinerary					
	Dates	Country	Exact location/region	City or Rural	Length of Stay
1.					
2.					
3.					
4.					

Travel Information (please tick all that apply)	
Type	<input type="checkbox"/> Holiday <input type="checkbox"/> Business trip <input type="checkbox"/> Volunteer work <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Expatriate <input type="checkbox"/> Cruise ship <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Pilgrimage
Accommodation	<input type="checkbox"/> Hotel <input type="checkbox"/> Camping <input type="checkbox"/> Hostels <input type="checkbox"/> Friends/Family
Activities	<input type="checkbox"/> Safari <input type="checkbox"/> Diving <input type="checkbox"/> Adventure
Additional information:	

Medical History			
	Yes	No	Details
Are you fit and well today			
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			

