

Tinkers Lane Surgery Travel Risk Assessment Form

Please complete this form prior to your travel appointment and return to reception 2 weeks before your appointment.

Personal details

Name:

Date of birth:

Male [] Female []

Easiest contact telephone number:

Do you consent to leave a message with a relative ?

Yes [] No []

Email:

Dates of trip

Date of departure:

Return date or overall length of trip:

Itinerary and purpose of visit

| Country to be visited | Length of stay | Away from medical help at destination? If so, how remote |
|-----------------------|----------------|--|
| 1. | | |
| 2. | | |
| 3. | | |

Please circle the descriptions that best describe your trip

| | | | | |
|---|--------------------------|--------------------|-------------------------------|-------------------------|
| 1 | Type of trip | Business | Pleasure | Other |
| 2 | Holiday type | Package Camping | Self-organised Cruise ship | Backpacking Trekking |
| 3 | Accommodation | Hotel | Relatives / family home | Other |
| 4 | Travelling | Alone | With family/friend | In a group |
| 5 | Staying in area which is | Urban | Rural | Altitude |
| 6 | Planned activities | Safari | Adventure | Other |

Personal medical history

Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, thymus disorder?

List any current or repeat medications.

Do you have any allergies for example to eggs, antibiotics, nuts, latex?

Have you ever had a serious reaction to a vaccine given to you before?

Does having an injection make you feel faint?

Do you or any family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breast feeding?

Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?

Please give any further information that may be relevant, including any future travel plans.

If you are up to date with NHS provided vaccines (for tetanus, hepatitis A and typhoid), would you like to attend an appointment for travel advice and to consider additional private vaccines like Rabies, Tick Borne Encephalitis, Japanese Encephalitis, Hepatitis B?

Yes [] No []

Please note we no longer supply yellow fever vaccine, the nearest clinic is at Hathaway Medical centre in Chippenham

Vaccination history

Have you ever had any vaccinations outside of the surgery e.g. private clinics / MOD ? If so when and which vaccines

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccinations recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:

Date: