

## TINKERS LANE SURGERY TRAVEL RISK ASSESSMENT FORM

Please book an appointment with a nurse upon collecting this form. Our nurse can then cancel your appointment if your vaccines are all up-to-date and you do not need travel advice, or if we are unable to supply the vaccines you need.

Please complete this form 6-8 weeks before travel, and please hand it on prior to your appointment.

**We are ONLY doing NHS funded vaccines, you will need to attend a private clinic for non-NHS vaccines: Rabies, Hepatitis B, Tick, Japanese encephalitis, Meningitis and Yellow fever [please see surgery travel leaflet for alternative centres.**

Name:		Age:	
Date of Birth:		Gender:	
Telephone Number:			
If for any reason we are unable to contact you, can we leave a message with a relative? YES/NO			
If yes, who and which number is best:		Name:	
		Number:	
Trip dates:	Departure:	Return:	
Length of Trip:			
Purpose of visit:			
Itinerary:			
Country/Place:		Length of stay: [in each country]	
1			
2			
3			
Are you staying somewhere remote, away from medical help?		YES	NO
If yes, where?			
Do you have any recent or past medical history that could affect the choice of vaccines or malaria tablets? If yes, please write below:			
Are you on any repeat medication supplied by a private clinic, hospital, or chemist? If yes, please write these here:			
Do you have any allergies? Eg: Eggs, Antibiotics, medicines, plasters, etc?			
Trip Description:		PLEASE CIRCLE YOUR ANSWERS BELOW.	
Trip Type:	Business	Leisure	Other
Holiday Type:	Package	Self-organised	Volunteer

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	Backpacking	Camping/Glamping	Cruising				
	Trekking	Medical/Surgery	Other				
Accommodation:	Hotel	Hostel	Cruise ship				
	Tent	Apartment	Family home				
	Other						
Travelling:	Alone	Family/Friends	Group				
Area:	Urban	Rural	High Altitude				
Planned Activities:	Safari	Adventure	Scuba-diving				
	Helping Animals	Other					
Have you ever had a serious reaction to a vaccine given to you before? E.g.: Anaphylaxis, breathless, chest pain.							
Do you have any of the following conditions, if so please circle them:							
Thymus disorder/ Removal	Spleen disorder/ Removal	Kidney or liver problem	Heart disease/ Surgery	HIV	Diabetes	Previous DVT/ Clots	
						YES	NO
Does having an injection make you feel faint?							
Do you or any family members have epilepsy/fits?							
Do you have any history of mental illness inc. depression/anxiety?							
Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?							
Have you taken out travel insurance? If you have any medical conditions, have you informed the insurance company about this?							
Females Only: Are you pregnant, planning pregnancy or breast feeding?							
Please give any further information that may be relevant including any future travel plans in the next 6 months.							
Have you had any vaccinations outside the surgery e.g., private clinics/MOD? If so, when and what were they?							
I give permission for the nurse to check my notes prior to my appointment and ring me or my nominated person for further information if needed.							
Name:				Signed on behalf of patient <input type="checkbox"/>			
Signature:				Date:			