Sheen Surgery Travel Risk Assessment Form

Please complete this form a minimum of 6 weeks before departure. If you are unable to do this we are unable to guarantee you an appointment (complex trips please allow 6-8 weeks). Please allow 2 weeks for the Practice to contact you to arrange a Travel Appointment after you have handed in the form.

Personal details						
Name:				Date of Birth: Male [ ] Female [ ]		
Easiest contact telephone number: Email:						
Dates of Trip			**Return date or overall length of trip:**			
Country to be visited	Exact Areas/Region			Length of stay		
1.						
2.						
3.						
4.						
Please tick as appropriate below to best describe your trip						
1. Type of Trip	Business		Pleasure		Other	
2. Holiday type	Package		Self-organised		Backpacking	
	Camping		Cruise Ship		Trekking	
3. Accommodation	Hotel		Relatives/Family Home		Other	
4. Travelling	Alone		With family/friend		In a group	
5. Staying in an 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, e.g. Diabetes, Heart or Lung Conditions ?						
List any current or repeat medications						
Do you have any allergies, drug or non-drug ?						
Have you ever had a serious reaction to a vaccine ?						
Do you feel faint when having an injection ?						
Do you or any close family members have epilepsy ?						
Do you have any history of 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 ?						

Children under 16 years: Current weight					
Have you taken out Travel Insurance, and if you have a medical condition advised the insurer about this ?					
Vaccination History - If you have this information please provide details below					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other					
Malaria Tablets					

For discussion at your appointment.

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

Signed: **Date:**

For Official Use Only

Vaccines recommended for this trip			
	Yes	No	Further Information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Diphtheria/Tetanus/Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			

Travel Advice and leaflets given					
Food Water and Personal Hygiene		Traveller's diarrhoea		Hepatitis B and HIV	
Insect Bite prevention		Animal Bites		Accidents	
Insurance		Air Travel		Sun and Heat protection	

Malaria prevention advice and Malaria Chemoprophylaxis			
Chloroquine and Proguanil		Atovaquone plus Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		Malaria advice leaflet given	

Signed: **Position:** **Date:**