

Date received	
Actioned by nurse	

St Margaret's Medical Practice – Travel Risk Assessment Form

Please complete the form below, providing as much information regarding your trip, so that we may tailor the advice to you. If you have a complex travel itinerary you may require a course of vaccinations over several weeks. Below are some useful websites that you may wish to visit prior to your appointment.

www.travelhealthpro.org.uk www.fitfortravel.nhs.net www.fco.gov.uk

Please note if you fail to give us 48 hours notice to cancel the appointment you will not be offered another appointment at the surgery

Some vaccines and all anti-malarial treatments are not available through the NHS and will incur a cost.

Name:		Date of Birth:	
Address:		Telephone No:	Mobile No:
Email address:			
Date of Travel:		Length of travel:	
Country (in order of visiting):	Region/State/Province:	City/Town/Rural:	Length of stay:
Purpose of trip (circle all that apply)	Cruise	Business	Organized adventure holiday
Back-packing	Voluntary/charity work	Elective/student	Self organized
Healthcare worker	Rescue Work	Pilgrimage	Package Holiday
			Visiting friends and relatives
Accommodation:			
Hotel 2* 3* 4* 5*	Hostel	Camping	Safari Lodge
Friends and family			
Planned activities: (i.e. bungee jumping, white water rafting, scuba diving etc.)			

Do you take any medicines/pills? (Prescribed or over-the-counter) Please list below

Do any of the following apply to you:	Yes	No	Details
Allergies (medication, food, latex etc.)			
Anaemia			
Bleeding/clotting disorders			
Heart disease (angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			
Stomach complaint including ulcers			
Liver problems			
HIV/AIDS			
Weakened immune system			
Mental health issues (depression/anxiety)			
Neurological illness			
Kidney problems			
Lung disease (asthma/COPD)			
Rheumatology conditions			
Spleen problems			
Any other conditions			
Women only:			
Are you pregnant			
Are you breast feeding			
Planning pregnancy whilst travelling			
Taking contraceptive pill?			Please name:

Signature:

Date