



Tickle Medical Services – Working Together for Your Health

TRAVEL RISK ASSESSMENT FORM

Before you complete this form it is important that you read the following information, failure to comply with the guidelines below may result in the Practice being unable to provide you with this service;

1. The form must be completed at least **6 weeks before your date of first travel** to ensure that there is enough time to have all your vaccinations.
2. **ALL** sections of the form must be completed in full
3. Once you have completed and submitted this form, please book an appointment to see the doctor but do tell the staff it is for a travel assessment.
4. Please leave at least a week before submitting the form and your appointment so we can process your details.
5. One form must be completed by each traveller prior to your appointment

| | | | |
|--|--------------------------|-------------------------------|---------------------------------|
| Name: | | Date of Birth: | |
| | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| E-mail: | | Telephone Number: | |
| | | Mobile Number: | |
| Please supply information about your trip in the sections below | | | |
| Date of departure: | | Total length of trip: | |
| Country to be visited | Exact location or region | City or rural | Length of stay |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Have you taken out travel insurance for this trip? | | | |
| Do you plan to travel abroad again in the near future? | | | |
| Where? | | | |

Type of travel and purpose of trip – please tick all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Staying in hotel | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Business Trip | <input type="checkbox"/> Cruise Ship Trip | <input type="checkbox"/> Camping / hostels |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Safari | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> Medical tourism | <input type="checkbox"/> visiting family / friends |

Additional Information:

Please supply details of your personal medical history

| | YES | NO | Details |
|---|-----|----|---------|
| Are you fit and well today | | | |
| Any allergies including food, latex, medication | | | |
| Severe reaction to 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 | | | |
| Mental health issues (including anxiety, depression) | | | |
| Neurological (nervous system) illness | | | |
| Respiratory (lung) disease | | | |
| Rheumatology (joint) disease | | | |
| Spleen problems | | | |
| Any other conditions | | | |
| Women only: | | | |
| <i>Are you pregnant?</i> | | | |
| <i>Are you breast feeding?</i> | | | |
| <i>Are you planning pregnancy while away?</i> | | | |

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

| Please supply information on any vaccines or malaria tablets taken in the past | | | | | |
|--|--|-----------------------|--|-------------------------|--|
| Tetanus/polio/diphtheria | | MMR | | Influenza | |
| Typhoid | | Hepatitis A | | Pneumococcal | |
| Cholera | | Hepatitis B | | Meningitis | |
| Rabies | | Japanese Encephalitis | | Tick Borne Encephalitis | |
| Yellow fever | | BCG | | Other | |
| Malaria Tablets | | | | | |
| Any additional information (continue on separate sheet if necessary): | | | | | |
| | | | | | |

Signed **Date:**

I confirm that the information I have provided is accurate

Travel Risk Assessment Form devised by Jane Chiodini 2012 in conjunction with recourses below;

1. Chiodini J, Boyne L, Grieve S, Jordan A (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London. www.rcn.org.uk
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK. www.nathnac.org