

Travel Risk Assessment Form

Health professionals: local guidance for record keeping should be followed.

Name:	Date of Birth:
Address:	Telephone:
	Email:

Travel details

Departure date:	Total length of trip:
Return date:	

COUNTRY	DESTINATION(S) WITHIN THE COUNTRY	LENGTH OF STAY	MODE OF TRANSPORT
1.			
2.			
3.			
4.			
5.			

Destination description – circle all that apply

Urban (town / city)	Rural (countryside)	Jungle	Desert
Coastal	High altitude		Safari
Other (please provide details):			

Purpose of trip – circle all that apply

Adventure / Gap year Backpacker	Aid work / Emergency response	Business / Work	Charity / Volunteer
Cruise	Diving	Health worker	Holiday
Long term / Expatriate	Medical treatment	Pilgrimage	Visiting friends and family
Other (please provide details):			

Accommodation – circle all that apply

Hotel	Hostel	Camping	Staying with family / friends
Other (please provide details):			

Do you have travel health insurance (covering pre-existing health conditions and planned activities if relevant)?	Yes	No
--	-----	----

Medical history

Please tick either yes or no. If you answer yes to any of the questions, please provide details below.

	Yes	No
Are you well today?		
Do you have any health conditions? E.g. diabetes, respiratory (breathing) problems, heart disease, neurological illness, liver or kidney problems, blood disorders [e.g. sickle cell disease, clotting or bleeding issues]		
Do you have any allergies? E.g. food, medication or latex		
Have you, or a first degree relative (parents, brother, sister, or child), ever experienced any mental health issues, even mild anxiety, or depression?		
Do you have, or have you had, a condition that could impair your immune system? E.g. HIV / AIDS, blood cancer		
In the last 12 months, have you taken any medication or had treatment that could impair your immune system? E.g. chemotherapy, radiotherapy, high dose steroids		
Have you ever had any surgery? E.g. open-heart surgery, transplant surgery, spleen or thymus gland removal		
Are you receiving regular treatment or follow up with your GP / hospital specialist?		
Do you have any disability or mobility problems?		
Do you, or a first degree relative (parents, brother, sister or child), have epilepsy or seizures?		
Have you, or anyone in your family, ever had a severe reaction to a vaccine or malaria medication?		
Are you or your partner pregnant or planning a pregnancy?		
Are you breast feeding? (if applicable)		

If you answered yes to any of the questions above, please provide details here with any other important information regarding your health, including problems experienced with previous travel:

Medication

Please give details of any medication you are taking, including prescribed / self-treatment / over-the-counter remedies and contraception. (If on multiple medications please attach a list, if possible, from your GP).

NAME OF MEDICATION	DOSE / FREQUENCY

Babies and children only

Weight:	Date:
---------	-------

Vaccine history

If you have received vaccinations elsewhere which will not be in our clinic records, please provide details here.

	DATE(S) OF VACCINATION	DATE(S) OF VACCINATION UNKNOWN	NOTES
BCG			
Cholera			
COVID-19			
Diphtheria / Tetanus / Polio			
Hepatitis A			
Hepatitis A / B			
Hepatitis A / Typhoid			
Hepatitis B			
Japanese encephalitis			
Influenza			
Meningitis ACWY			
MMR			
Rabies			
Tick-borne encephalitis			
Typhoid			
Yellow fever			
Other:			

Next section is for health professional use only*:

RISK MANAGEMENT CHECKLIST	DISCUSSED ✓	COMMENTS
1. Medical preparation, (including pre-existing conditions)		
2. Journey risks		
3. Personal safety / accidents / injuries		
4. Environmental risks		
5. Food & water safety / travellers' diarrhoea		
6. Vector-borne risks e.g. dengue, Zika		
7. Malaria ABCD (record medication in table below):		
8. Rabies & animal bite		
9. Sexual health / blood-borne viruses		
10. Skin / sun health		
11. Psychological health		
12. FGM		

Vaccinations discussed today*

	ADVISED	DECLINED	GIVEN		ADVISED	DECLINED	GIVEN
Cholera				MMR			
Diphtheria/tetanus/polio				Rabies			
Hepatitis A				Typhoid			
Hepatitis B				Yellow fever			
Japanese encephalitis				Influenza			
Meningitis ACWY				Other:			
Tick-borne encephalitis							

Childhood / UK vaccination programme up-to-date?	Yes	No
---	-----	----

Antimalarial medication discussed today*

	RECOMMENDED	PRESCRIBED TODAY	DECLINED	REFERRED ELSEWHERE
Atovaquone & proguanil				
Chloroquine & proguanil				
Doxycycline				
Mefloquine				
Emergency standby				

Any other advice or comments:

Source of information used to advise traveller (e.g. TravelHealthPro):

*Local guidelines for record keeping should be followed

NAME OF HEALTH PROFESSIONAL:

SIGNATURE OF HEALTH PROFESSIONAL:

DATE OF CONSULTATION: