

Emsworth Surgery Travel Risk Assessment

(must be completed prior to travel clinic appointment)

Personal details

Dates of trip

Departure:

Overall length of trip _____ days

Country to be visited	Length of stay	Malaria risk (Y/N) Vaccinations needed
1		
2		
3		
4		
5		
6		

Please tick the descriptions which best describe your trip:

Trip Type	Holiday	<input type="checkbox"/>	Business	<input type="checkbox"/>	Other	<input type="checkbox"/>
Holiday Type	Package	<input type="checkbox"/>	Self Organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>
	Camping	<input type="checkbox"/>	Cruise Ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>
Accommodation	Hotel	<input type="checkbox"/>	Relatives / Family	<input type="checkbox"/>	Other	<input type="checkbox"/>
Travelling	Alone	<input type="checkbox"/>	Family /Friend	<input type="checkbox"/>	In A Group	<input type="checkbox"/>
Area	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>
Planned Activity	Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Other	<input type="checkbox"/>

Vaccination history

Have you ever had any of the following vaccinations and if so when?

Tetanus	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	Yellow fever	<input type="checkbox"/>	Influenza	<input type="checkbox"/>
Rabies	<input type="checkbox"/>	Jap B	<input type="checkbox"/>	Tick Borne	<input type="checkbox"/>
		Encephalitis		Encephalitis	

Personal medical history

Do you have any recent past medical history of note? This includes diabetes, heart or lung conditions, thyroid disorder?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Please list any current medications (on reverse) or attach a repeat prescription printout.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? (Eg. eggs antibiotics or nuts?)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a serious reaction to a vaccine given before?	<input type="checkbox"/>	<input type="checkbox"/>
Has an injection ever made you feel faint?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any close family members have epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any history of mental illness including depression or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Women only: are you pregnant or planning or breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken out travel insurance?	<input type="checkbox"/>	<input type="checkbox"/>
If you have a medical condition, have you informed the insurance company about it?	<input type="checkbox"/>	<input type="checkbox"/>
Please give any further information that may be relevant, including any future travel plans.	<input type="checkbox"/>	<input type="checkbox"/>

Official use:

Travel vaccinations recommended for this trip:

Hepatitis A	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Yellow fever	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Rabies	<input type="checkbox"/>
Typhoid	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Jap B Encep	<input type="checkbox"/>
Cholera	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Tick Borne Encephalitis	<input type="checkbox"/>

Malaria prophylaxis

Chloroquine + proguanil	<input type="checkbox"/>	Malarone	<input type="checkbox"/>	Chloroquine	<input type="checkbox"/>
Mefloquine	<input type="checkbox"/>	Doxycycline	<input type="checkbox"/>	Advice leaflet	<input type="checkbox"/>

Patients weight _____ kg

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.
 I do not consent to be given _____ and am aware that this is against medical advice.

I have received information regarding my planned travel

Signature _____ Date: _____

Charges
 Please contact the surgery for charges