

**TRAVEL RISK ASSESSMENT FORM** – please return **at least 6 weeks** prior to your departure date.  
(Late forms MAY not be accepted and you will be asked to visit a private travel health clinic)

**FOR RECEPTION USE ONLY**  
 Date form received:  
 Assigned to:

Name:

Contact number:

Date of birth:

**PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW**

**Date of departure:**

**Total length of trip:**

**Destination(s) – please include region/city**

**Duration(s)**

Have you taken out travel insurance for this trip? Yes  No

**TYPE OF TRAVEL AND PURPOSE OF TRIP** – e.g. Holiday / Business / Visiting family / Backpacking / Other details (please specify)

**ACCOMMODATION** e.g. Hotel (and star) / Hostel / Family home / Camping / Other (please specify)

**POSSIBLE HIGH RISK ACTIVITIES** – e.g. Volunteering / Diving / Medical Tourism / Safari / Other (please specify)

**Please turn over**

<b>RELEVANT MEDICAL HISTORY AND ALLERGIES</b>	
<b>CURRENT MEDICATIONS</b>	
<b>Are you pregnant?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Are you planning to become pregnant in the next 12 months?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>PLEASE SUPPLY INFORMATION OF ANY VACCINATIONS RECEIVED ANYWHERE OTHER THAN YOUR GP SURGERY (e.g. at private travel clinic)</b>	
<b>ANY ADDITIONAL INFORMATION</b>	
<p><b>PLEASE BE AWARE certain vaccinations such as Hepatitis B, Yellow Fever and Malaria treatment are not available on the NHS.</b></p> <p>If you require these you will need to go to a private travel clinic or to a local chemist for malaria treatment</p> <p>We recommend going to <a href="http://www.travelhealthpro.org.uk">www.travelhealthpro.org.uk</a> for more information about safe travel</p> <p><b>PLEASE RETURN YOUR COMPLETED TRAVEL FORM TO RECEPTION AT LEAST 6 WEEKS PRIOR TO YOUR DEPARTURE DATE</b></p> <p><b>**<u>(Late forms MAY not be accepted and you will be asked to visit a private travel health clinic. This will be up to the discretion of the nurse)**</u></b></p> <p><b>A nurse will review your completed form and will call you to let you know if you need any vaccinations, please ensure the contact details we have are up to date.</b></p>	