## FOR RECEPTION USE ONLY **TRAVEL RISK ASSESSMENT FORM** – please Date form received: return at least 10 weeks prior to your departure date. Assigned to: (Late forms WILL NOT be accepted and you will be asked to visit a private travel health clinic) Name: Date of birth: Contact number: 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

RELEVANT MEDICAL HISTOR	Y
AND ALLERGIES	
CURRENT	
CURRENT MEDICATIONS	
Are you pregnant? Yes □ No	
Are you planning to become pregnant in the next 12 months? Yes □ No □	
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PLEASE SUPPLY INFORMATI	ON OF
ANY VACCINATIONS RECE	
ANYWHERE OTHER THAN YO SURGERY (e.g. at private t	
clinic)	
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ANY ADDITIONAL	
INFORMATION	
PLEASE BE AWARE certain vaccinations such as Hepatitis B, Yellow Fever and Malaria	
treatment are not available on the NHS.	
If you require these you will need to go to a private travel clinic or to a local chemist for malaria treatment	
We recommend going to www.travelhealthpro.org.uk for more information about safe travel	
PLEASE RETURN YOUR COMPLETED TRAVEL FORM TO RECEPTION AT LEAST 10 WEEKS	
PRIOR TO YOUR DEPARTURE DATE	
**(Late forms WILL 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)**	
the discretion of the hurse)	
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.	