



Your needs come first...

1A Lansdowne Rd, N17 0LL
London

TRAVEL RISK ASSESSMENT FORM

Please complete this form as much as possible, as this information will help your nurse to assess your travel health needs before your trip.

NAME	
DATE OF BIRTH	
GENDER	
CONTACT TELEPHONE	
DATE OF TRAVEL	
LENGTH OF STAY	

Destination

Please give details of the countries you will be visiting, in the correct order, including any country you may just be passing through.

Country to be visited Area/region	Length of stay	Type of accommodation	Planned Activities

Type of travel

Please circle which best describes your trip

Reason for travel	Business Pleasure Other
Type of holiday/travel	Package Cruise Trekking Camping Backpacking
Are you travelling with	Family Friends Alone
Will you be travelling away from Medical help?	Yes No
Type of transportation whilst on holiday	e.g. car, bus, train

Medical history

Please give details of any conditions that may affect your travel plans, e.g. diabetes, pregnancy, epilepsy, heart or lung conditions, thymus disorders, HIV

<i>Medical Conditions:</i>
<i>Please list any medication you are currently taking:</i>

Do you have, or have you ever had any of the following

Allergies (medicines or food)	
A previous reaction to a vaccine	Name of vaccine/type of reaction
Recent/current treatment with steroids, Chemo/radiotherapy	Yes No

Vaccination History

Please tick any vaccines that you have previously been given and the approximate date (if known)

✓	Vaccination	Date
	Tetanus	
	Polio	
	Diphtheria	
	Hepatitis A	
	Hepatitis B	
	Typhoid	
	Meningococcal ACW125Y	
	Rabies	
	Yellow fever	
	Japanese B encephalitis	
	Tick borne encephalitis	
	Cholera	

Malaria

Have you ever taken malaria tablets before?	Yes	No
If yes what was the name of the tablet		

I have received travel information and advice on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the following vaccines being given.

1.....

2.....

3.....

4.....

5.....

6.....

Signature

Name & Surname:

Date:

*You will need to bring your completed form into reception before we can book you an appointment
You will need one form per each member of your party
Please be aware that you may need several appointments to complete your course of vaccinations*