

GRAYSHOTT SURGERY TRAVEL CLINIC
Travel Risk Assessment

**PLEASE COMPLETE AND RETURN TO THE SURGERY THEN MAKE AN APPOINTMENT
 WITH THE PRACTICE NURSE TO DISCUSS 6-8 WEEKS PRIOR TO TRAVEL,
 Payment IN FULL is required at the time of FIRST vaccination
 BY CASH OR CHEQUE ONLY PLEASE**

Name:		Date of Birth:	
		Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Email:		Telephone Number:	
Today's Date:		Mobile Number:	
Please supply information about your trip in the sections below and overleaf if necessary			
Date of Departure:		Total length of trip:	
Countries to be visited	Exact location or region	City or Rural	Length of Stay
1.			
2.			
3.			
ADDITIONAL SPACE ON REVERSE OF FORM IF NEEDED TO GIVE DETAILS OF PLANNED ITINERARY			
Have you taken out travel insurance for this trip and if you have a medical condition informed the insurance company about this?			
Do you plan to travel abroad again in the future?			
Type of travel and purpose of trip – please tick all that apply			
Type of trip	Business	Pleasure	Other
Holiday type	Package	Self organised	Backpacking/Camping
Accommodation	Hotel	Visiting friends/family	Cruise ship trip
Travelling	Alone	With family/friend	In a group
Staying in area	Urban	Rural	Altitude
Planned activities	Safari	Adventure	Diving
Please supply details of your personal medical history			
	Yes	No	Brief Details
Do you have any recent or past medical history of note (including diabetes, heart or lung conditions, spleen, liver, kidney or major operations)?			
Do you have any allergies including food, latex, medication?			
Have you had a serious reaction to a vaccine before?			
Does having an injection make you feel faint?			
Do you have epilepsy?			
Do you have any history of mental illness including depression or anxiety?			
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?			
Any other conditions?			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			
Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?			
Please supply information on any vaccines or malaria tablets taken in the past			
Any additional information			

For any further information, please visit www.fitfortravel.nhs.uk or www.malariahotspots.co.uk

ADDITIONAL DETAILS OF PLANNED ITINERARY

CURRENT CHARGES

Disease protection	Usual number of doses of vaccine required in the complete primary course	Cost per dose of vaccine
Rabies	Three pre travel	£60
Hepatitis B - Adult	Three	£40
Under 15's	Three	£30
Meningitis ACWY	One	£65

Please remember, payment is required at time of FIRST vaccination, by cash or cheque only please