**Office Use Only:**

|  |  |
| --- | --- |
| Date of Appt. |  |
| Scanned onto EMIS |  |
| Nurse |  |

**GRAYSHOTT SURGERY TRAVEL RISK ASSESSMENT**

**Please complete both pages of this form and return to the Surgery, then make an appointment with the Practice Nurse to discuss, this appointment needs to be a MINIMUM of EIGHT WEEKS prior to your travel date. \***

**THE SURGERY WILL ONLY PROVIDE THOSE VACCINES SUPPLIED FREE BY THE NHS**

**(Hepatitis A, Typhoid, Cholera, combined Diptheria/Tetanus/Polio)**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Male:  Female:  Other:  |
| 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**](http://www.fitfortravel.nhs.uk) **or** [**www.malariahotspots.co.uk**](http://www.malariahotspots.co.uk)

**\***Your initial appointment is for discussion and planning only, this is a 20 minute appointment per person. The nurse will advise if vaccinations are required and will make a follow up appointment for you to have these done.

**ADDITIONAL DETAILS OF PLANNED ITINERARY**

**PLEASE NOTE: The Surgery does not provide vaccinations for travel against:**

**hepatitis B, Japanese encephalitis, meningitis, rabies, tick-borne encephalitis, tuberculosis (TB) or yellow fever. If your travel requires any of these you will need to arrange this at a private facility.**