**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.**