**THE LIMES MEDICAL CENTRE**

**TRAVEL RISK ASSESSMENT FORM   
  
(TO BE COMPLETED AND RETURNED TO THE PRACTICE   
6-8 WEEKS BEFORE YOU TRAVEL)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | Date of Birth: | | | | | | |
| Male Female | | | | | | |
| Email:  **Be aware travel advice email may go to junk folder.** | | Telephone number:  Mobile number: | | | | | | |
| **Please provide a working, current email address as this will be the first point of contact.** | | | | | | | | |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | | | | | |
| Date of departure: | | | | Total length of trip: | | | | |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | | | | | **CITY OR RURAL** | | **LENGTH OF STAY** |
| 1. |  | | | | |  | |  |
| 2. |  | | | | |  | |  |
| 3. |  | | | | |  | |  |
| Have you taken out travel insurance for this trip?  Do you plan to travel abroad again in the future? | | | | | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY** | | | | | | | | |
| Holiday Staying in hotel Backpacking Additional information  Business trip Cruise ship trip Camping/hostels  Expatriate Safari Adventure  Volunteer work Pilgrimage Diving  Healthcare worker Medical tourism Visiting friends/family | | | | | | | | |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY** | | | | | | | | |
|  | | | **YES** | | **NO** | | **DETAILS** | |
| Are you fit and well today? | | |  | |  | |  | |
| Any allergies including food, latex, medication? | | |  | |  | |  | |
| Severe reaction to a vaccine before? | | |  | |  | |  | |
| Tendency to faint with injections? | | |  | |  | |  | |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed? | | |  | |  | |  | |
|  | | | **YES** | | **NO** | | **DETAILS** | |
| Recent chemotherapy/radiotherapy/organ transplant? | | |  | |  | |  | |
| Anaemia? | | |  | |  | |  | |
| Bleeding/clotting disorders (including history of DVT)? | | |  | |  | |  | |
| Heart disease (e.g. angina, high blood pressure)? | | |  | |  | |  | |
| Diabetes? | | |  | |  | |  | |
| Disability? | | |  | |  | |  | |
| Epilepsy/seizures? | | |  | |  | |  | |
| Gastrointestinal (stomach) complaints? | | |  | |  | |  | |
| Liver and/or kidney problems? | | |  | |  | |  | |
| HIV/AIDS? | | |  | |  | |  | |
| Immune system condition? | | |  | |  | |  | |
| Mental health issues (including anxiety, depression)? | | |  | |  | |  | |
| Neurological (nervous system) illness? | | |  | |  | |  | |
| Respiratory (lung) disease? | | |  | |  | |  | |
| Rheumatology (joint) conditions? | | |  | |  | |  | |
| Spleen problems? | | |  | |  | |  | |
| 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** | | | | | |
| Tetanus/polio/diphtheria |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis |  |
| Rabies |  | Japanese Encephalitis |  | Tick Borne Encephalitis |  |
| Yellow fever |  | BCG |  | Other | |
| Malaria tablets | | | | | |

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| **Any additional information** |

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne LO, Grieve S, Jordan A. (2007) Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine. RCM, London. [www.rcn.org.uk](http://www.rcn.org.uk)
2. Field VK, Ford L, Hill DR, eds. (2010) Health Information for Overseas Travel. National Travel Health Network and Centre, London, UK. [www.nathnac.org](http://www.nathnac.org)

Form devised and created by Jane Chiodini © March 2012