

TRAVEL RISK ASSESSMENT FORM – ideally to be completed by traveller prior to appointment.

Name:		Date of birth	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
E mail:		Telephone number:	
		Mobile number:	
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			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today	<input type="checkbox"/>	<input type="checkbox"/>	
Any allergies including food, latex, medication	<input type="checkbox"/>	<input type="checkbox"/>	
Severe reaction to a vaccine before	<input type="checkbox"/>	<input type="checkbox"/>	
Tendency to faint with injections	<input type="checkbox"/>	<input type="checkbox"/>	
Any surgical operations in the past, including e.g. your spleen or thymus gland removed	<input type="checkbox"/>	<input type="checkbox"/>	
Recent chemotherapy/radiotherapy/organ transplant	<input type="checkbox"/>	<input type="checkbox"/>	
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	
Bleeding /clotting disorders (including history of DVT)	<input type="checkbox"/>	<input type="checkbox"/>	
Heart disease (e.g. angina, high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal (stomach) complaints	<input type="checkbox"/>	<input type="checkbox"/>	
Liver and or kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
Immune system condition	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	DETAILS
Mental health issues (including anxiety, depression)	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological (nervous system) illness	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory (lung) disease	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatology (joint) conditions	<input type="checkbox"/>	<input type="checkbox"/>	
Spleen problems	<input type="checkbox"/>	<input type="checkbox"/>	
Any other conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Women only			
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you breast feeding?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you planning pregnancy while away?	<input type="checkbox"/>	<input type="checkbox"/>	

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

I am not currently taking any medication

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					

Any additional information

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

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London. 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

Form devised and created by Jane Chiodini © March 2012