**ILEX VIEW MEDICAL PRACTICE**

*“Promoting good health”*

Travel risk assessment form

**Please complete this form and return it to the surgery**  
***AT LEAST 12 WEEKS BEFORE* your appointment.**

The information you provide will enable the Practice Nurse to assess your travel health needs before your attendance and enable her to make sure that you are fully prepared for your trip.

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY** | Appointment on: | With Diane / Cristal / Wendy |

**Personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth |  |
| Daytime telephone no. |  |  |  |
| Mobile telephone no. |  |  |  |

**Dates of trip**

|  |  |
| --- | --- |
| Date of departure |  |
| Return date or overall length of trip |  |

**Itinerary and purpose of visit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Countries to be visited |  |  |  |  |
| Area/town/cities to be visited |  |  |  |  |
| Length of stay |  |  |  |  |

**Please circle the descriptions that best describe your trip**

|  |  |  |  |
| --- | --- | --- | --- |
| **Holiday type** | Package Cruise ship | Camping | Backpacking |
|  |  |  |  |
| **Accommodation** | Hotel | Relatives/family home | Other |
| **Staying in an area which is** | Urban | Rural | Altitude |
| **Holiday type** | Package Cruise ship | Camping Trekking |  |

**Personal medical history**

3. Do you have any allergies for example to eggs, antibiotics, nuts? Y / N

4. Have you ever had a serious reaction to a vaccine given to you before? Y / N

5. Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Y / N

6. *Female patients only*: Are you pregnant or planning pregnancy? Y / N

Are you breast feeding? Y / N

**We advise that you research your holiday destination using https://travelhealthpro.org.uk/countries for further travel health advice.**

**Office use only**

**Travel vaccines recommended for this trip.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Disease protection** | **Yes** | **No** | **Further information** |
| Hepatitis A |  |  |  |
| Typhoid |  |  |  |
| Cholera |  |  |  |
| Tetanus/Diphtheria/Polio |  |  |  |
| **Other risks and advice given** |  |  |  |