

Ballyclare Group Practice Travel Risk Assessment Form

In order that we can safely and comprehensively assess your travel needs it is important that you provide us with the relevant information well in advance of your departure date, and a ***minimum of 6 weeks prior to travel.***

Please complete this form prior to your travel appointment and return to reception.

Name:

DOB:

Address:

Postcode:

Telephone No.

Mobile No.

Email address:

Date form completed _____

Date of Departure. _____ Return date or overall length of trip. _____

Countries to be visited <i>(in the order you will be visiting)</i>	Length of stay	Away from medical help at destination, if so, how remote?

(If more than 5 countries to be visited please continue list on a separate sheet.)

Please tick as appropriate below to best describe your trip.

1. Type of trip	<i>Business</i>	<i>Pleasure</i>	<i>Other</i>
2. Holiday Type	<i>Hotel</i>	<i>Self Catering</i>	<i>Camping</i>
	<i>Cruise Ship</i>	<i>Backpacking/ Trekking</i>	<i>Volunteer work</i>
3. Accommodation	<i>Hotel/resort</i>	<i>Relatives</i>	<i>Other (please specify)</i>
4. Travelling	<i>Alone</i>	<i>With Family/friend</i>	<i>In a group</i>
5. Staying in area which is	<i>Urban</i>	<i>Rural</i>	<i>Altitude</i>
6. Planned activities	<i>Safari</i>	<i>Adventure</i>	<i>Other</i>

Name:

DOB

List any current or repeat medications:

Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder)

Do you have any allergies for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccine given to you before?

Do you or any close family members have epilepsy?

Do you have any history or mental illness including depression or anxiety?

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

Women only: Are you pregnant or planning pregnancy or breastfeeding?

Vaccination History.

Have you ever had any of the following vaccinations/malaria tablets that we do not know about and if so when?

Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Encep		Tick Borne Encep	
Other					
Malaria Tabs					

IMPORTANT

Please note that not all travel vaccines are available on an NHS prescription and preventative prescription of anti-malarial medication is also not available on an NHS script. Consequently all private prescriptions for anti-malarial medication will command a standard fee. Similarly, patients should be aware that there will be a fee for the administration of travel vaccines that are NOT available on NHS prescription.