

# WESTERN ELMS SURGERY TRAVEL RISK ASSESSMENT FORM

**Please complete this form prior to your appointment. The information you provide will help your nurse to assess your travel health needs before your trip.**

<b>Name:</b>	
<b>Date of Birth:</b>	<b>Male / Female</b>
<b>Country of Birth:</b>	<b>Contact Number:</b>

<b>Date of Travel:</b>
<b>Date of return:</b>
<b>Total duration of travel:</b>

**Destination:** Please give details of the countries you will be visiting, in the correct order, including any you are just passing through:

Country to be visited – area and region	Length of stay	Type of accommodation	Are you travelling to remote areas?
1.			
2.			
3.			

**Type of Travel:** Please circle all those that describe your trip

REASON FOR TRAVEL	Business Visiting friends or relatives	Tourism / Pleasure Pilgrimage	Other Healthcare worker
TYPE OF HOLIDAY	Package Self-organised	Cruising Camping	Trekking Backpacking
ARE YOU TRAVELLING WITH	Family	Group	Alone
PLANNED ACTIVITIES	Leisure Diving	Natural disaster work Adventure	Safari Medical procedures

Signed:	Date:
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**Please submit this form fully completed to reception and they will arrange for a nurse to call you to discuss further and book an appointment**

**TRAVEL CLINIC CONSULTATION RECORD FOR:**

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**TRAVELLING TO:**

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<b>VACCINE</b>	<b>DATE – if previously given</b>	<b>ADVISED</b>	<b>DATE GIVEN</b>	<b>COMMENTS</b>
Polio				
Tetanus				
DTP				
Typhoid Injectable				
Hep A				
Hep A/ HepB combined				
MMR				
Men ACWY				
Jap B Enceph				
Yellow Fever				
Hep B				
Other				

**Malaria Prophylaxis advised:**

Chloroquine	Proguanil	Doxycycline	Mefloquine	Atovaquone/ Proguanil	None
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<b>NURSE:</b>	<b>DATE:</b>
<b>COMMENTS:</b>	

Further information from: [www.nathnac.org/](http://www.nathnac.org/) or [www.travax.nhs.uk](http://www.travax.nhs.uk)