

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

|   |                                 |   |                       |
|---|---------------------------------|---|-----------------------|
| Name:   |                                 | Your country of origin:                                       |                       |
|   |                                 | Date of birth:  |                       |
|   |                                 | Male <input type="checkbox"/> Female <input type="checkbox"/> |                       |
| E mail:   |                                 | Telephone number:   |                       |
|   |                                 | Mobile number:  |                       |
| <b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>  |                                 |   |                       |
| Date of departure:  |                                 | Total length of trip:   |                       |
| <b>COUNTRY TO BE VISITED</b>  | <b>EXACT LOCATION OR REGION</b> | <b>CITY OR RURAL</b>  | <b>LENGTH OF STAY</b> |
| 1.  |                                 |   |                       |
| 2.  |                                 |   |                       |
| 3.  |                                 |   |                       |
| Have you taken out travel insurance for this trip?  |                                 |   |                       |
| Do you plan to travel abroad again in the future?   |                                 |   |                       |
| <b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY</b>  |                                 |   |                       |
| <input type="checkbox"/> Holiday <input type="checkbox"/> Staying in hotel <input type="checkbox"/> Backpacking <u>Additional information</u><br><input type="checkbox"/> Business trip <input type="checkbox"/> Cruise ship trip <input type="checkbox"/> Camping/hostels<br><input type="checkbox"/> Expatriate <input type="checkbox"/> Safari <input type="checkbox"/> Adventure<br><input type="checkbox"/> Volunteer work <input type="checkbox"/> Pilgrimage <input type="checkbox"/> Diving<br><input type="checkbox"/> Healthcare worker <input type="checkbox"/> Medical tourism <input type="checkbox"/> Visiting friends/family |                                 |   |                       |
| <b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>   |                                 |   |                       |
|   | <b>YES</b>                      | <b>NO</b>   | <b>DETAILS</b>        |
| 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   |                                 |   |                       |
| 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 |  |  |  |
|-------------------------|--|--|--|

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| Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)? |     |    |         |
|--|-----|----|---------|
|  |     |    |         |
|  | YES | NO | DETAILS |
| Mental health issues (including anxiety, depression)   |     |    |         |
| Neurological (nervous system) illness  |     |    |         |
| Respiratory (lung) disease   |     |    |         |
| Rheumatology (joint) conditions  |     |    |         |
| Spleen problems  |     |    |         |
| Any other conditions?  |     |    |         |
| <b>Women only</b>  |     |    |         |
| Are you pregnant?  |     |    |         |
| Are you breast feeding?  |     |    |         |
| Are you planning pregnancy while away?   |     |    |         |
| Have you undergone FGM / been cut / circumcised  |     |    |         |

| 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 |
| COVID-19 (dates, brand etc.) |  |     |  |       |
| Malaria Tablets              |  |     |  |       |

|                                   |
|-----------------------------------|
| <b>Any additional information</b> |
|-----------------------------------|

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.
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK.

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