

# **CHEWS 2 TRAVEL**

## TRAVEL RISK ASSESSMENT FORM

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

<b>Personal details</b>			
Name:			
Date of birth:	Male ( ) Female ( )		
Easiest contact telephone number:			
e.mail			
<b>Dates of trip</b>			
Date of departure:			
Return date or overall length of trip:			
<b>Itinerary and purpose of visit</b>			
Country(ies) to be visited			
Length of stay			
Away from medical help at destination?		If so, how remote?	
1			
2			
3			
<b>Please circle the descriptions that best describe your trip</b>			
1. Type of trip:	Business	Pleasure	Other
2. Holiday type:	Package Camping	Self-organised Cruise ship	Backpacking Trekking
3. Accommodation	Hotel	Relatives/family home	Other
4. Travelling	Alone	With family/friend	In a group
5. Staying in an area which is	Urban	Rural	Altitude
6. Planned activities	Safari	Adventure	Other
<b>Personal Medical History</b>			
Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, thymus disorder:			
List any current or repeat medications:			
Do you have any allergies for example to eggs, antibiotics, nuts?			

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Have you ever had a serious reaction to a vaccine given to you before
Does having an injection make you feel faint?
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 breast feeding?
Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?
Please give any further information that may be relevant, including any future travel plans
<b>Vaccination History</b>
Have you ever had any of the following vaccinations/malaria tablets, and if so when?
Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Diphtheria <input type="checkbox"/>
Typhoid <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/>
Meningitis <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Influenza <input type="checkbox"/>
Rabies <input type="checkbox"/> Jap B Enceph <input type="checkbox"/> Tick Borne <input type="checkbox"/>
Other
Malaria tablets
<p>For discussion when risk assessment is performed within your appointment:</p> <p>I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.</p> <p>Signed: _____ Date: _____</p>

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For official use		
<b>Patient name:</b>		
Travel risk assessment performed Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Travel vaccines recommended for this trip</b>		
<b>Disease protection</b>	<b>Yes</b>	<b>No</b>
<b>Further information</b>		
Hepatitis A		
Hepatitis B		
Typhoid		
Cholera		
Tetanus		
Diphtheria		
Polio		
Meningitis ACWY		
Yellow Fever		
Rabies		
Japanese B Encephalitis		
Other		
<b>Travel advice and leaflets given as per travel protocol</b>		
Food water and personal hygiene advice <input type="checkbox"/> Travellers' diarrhoea <input type="checkbox"/>		
Hepatitis B, C and HIV <input type="checkbox"/>		
Insect bite prevention <input type="checkbox"/> Animal bites <input type="checkbox"/> Accidents <input type="checkbox"/> Insurance <input type="checkbox"/> Air Travel <input type="checkbox"/>		
Sun and heat protection <input type="checkbox"/> Hajj travel <input type="checkbox"/> Travel record card supplied <input type="checkbox"/> Websites <input type="checkbox"/>		
Other <input type="checkbox"/>		
<b>Malaria prevention advice and malaria chemoprophylaxis</b>		
Chloroquine and Proguanil <input type="checkbox"/> Atovaquone + Proguanil (malarone) <input type="checkbox"/>		
Chloroquine <input type="checkbox"/> Mefloquine <input type="checkbox"/> Doxycycline <input type="checkbox"/> Malaria advice leaflet given <input type="checkbox"/>		
<b>Further information</b> eg weight of child		
Signed by:	Position	Date