

CHEWS 2 TRAVEL

TRAVEL RISK ASSESSMENT FORM

Please be aware that sometimes a charge can be incurred for travel advice and some vaccines. You will be advised by the Practice Nurse of any charges, as this is not considered core NHS work.

Please complete this form prior to your travel appointment.

Personal details			
Name:			
Date of birth:		Male () Female ()	
Easiest contact telephone number:			
e.mail			
Dates of trip			
Date of departure:			
Return date or overall length of trip:			
Itinerary and purpose of visit			
Country(ies) to be visited			
Length of stay			
Away from medical help at destination?		If so, how remote?	
1			
2			
3			
Please circle the descriptions that best describe your trip			
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
Personal Medical History			
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:			

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Signed:	Date:
For official use	
Patient name:	
Travel risk assessment performed Yes <input type="checkbox"/> No <input type="checkbox"/>	
Travel vaccines recommended for this trip	
Disease protection	Yes No Further information
Hepatitis A	
Hepatitis B	
Typhoid	
Cholera	
Tetanus	
Diphtheria	
Polio	
Meningitis ACWY	
Yellow Fever	
Rabies	
Japanese B Encephalitis	
Other	
Travel advice and leaflets given as per travel protocol	
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"/>	
Malaria prevention advice and malaria chemoprophylaxis	
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"/>	
Further information e.g. weight of child	
Signed by:	Date
Position	

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Please add any additional information that you may feel would assistance the nurse in giving you the best travel advice for your travel requirements.