

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

Name:	Date of birth
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	Telephone number: Mobile number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of Departure:		Total Length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
Have you taken out travel insurance for this trip?		Do you plan to travel abroad again in the future?	
TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY			
<input type="checkbox"/> Holiday <input type="checkbox"/> Business Trip <input type="checkbox"/> Expatriate <input type="checkbox"/> Volunteer work <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Staying in hotel <input type="checkbox"/> Cruise ship trip <input type="checkbox"/> Safari <input type="checkbox"/> Pilgrimage		<input type="checkbox"/> Medical tourism <input type="checkbox"/> Backpacking <input type="checkbox"/> Camping/hostels <input type="checkbox"/> Adventure <input type="checkbox"/> Diving <input type="checkbox"/> Visting friends/family <input type="checkbox"/> Additional Information –	

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today?			
Any allergies to food, latex, medication?			
Severe reaction to a vaccine before?			
Tendency to faint with injections?			
Any surgical operations in your 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, blood pressure)?			
Diabetes?			

Disability?			
Epilepsy/seizures?			
Gastrointestinal (stomach) complaints?			
Liver and/or kidney problems?			
HIV/AIDS?			
Immune system condition?			
Mental health issues (including anxiety/depression)?			
Neurological (nervous system) illness?			
Respiratory (lung) disease?			
Rheumatology (joint) conditions?			
Spleen problems?			
Any other conditions?			
<b>WOMEN ONLY QUESTIONS:</b>			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

**Are you currently taking any medication (including prescribed, purchased or contraceptive pill)?**

**If appropriate, please supply information on any malaria tablets taken in the past:**

**Any other additional information?**

Signature \_\_\_\_\_ Date \_\_\_\_\_