THE SURGERY @ 9 ALLOWAY PLACE
This is a Private (Non-NHS) Service
TRAVEL RISK ASSESSMENT FORM

To be completed by traveller at least **6 weeks prior to travel. There will be a charge of £20 per person.**

Name:	**Date of Birth:**
	Male/Female
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 travel insurance for this trip? **Yes/No**
Do you plan to travel abroad again in the future? **Yes/No**

TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY

- ○ **Holiday**
- ○ **Business Trip**
- ○ **Expatriate**
- ○ **Volunteer Work**
- ○ **Healthcare Worker**
- ○ **Staying in Hotel**
- ○ **Cruise Ship Trip**
- ○ **Safari**
- ○ **Pilgrimage**
- ○ **Medical Tourism**
- ○ **Backpacking**
- ○ **Camping/Hostels**
- ○ **Adventure**
- ○ **Diving**
- ○ **Visiting Friends/Family**

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
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 spleen or thymus gland removed			

	YES	NO	DETAILS
Bleeding/clotting disorders (including history of DVT)			
Heart disease (e.g angina, high blood pressure)			
Diabetes			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and 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			
Women Only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			
Have you undergone (FGM/been cut/circumcised			

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

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	
Malaria Tablets					
Any additional information					