

## MERCHISTON SURGERY

### TRAVEL RISK ASSESSMENT FORM

Page 1 and 2 to be completed by patient.

Page 3 and 4 by Travel Nurse

Personal details						
<b>Name:</b>				<b>Date of birth:</b>		
				Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Easiest contact telephone number</b>						
<b>E mail</b>						
Dates of trip						
<b>Date of Departure</b>						
<b>Return date or overall length of trip</b>						
Itinerary and purpose of visit						
<b>Country to be visited, Exact Location or Region</b>		<b>Length of stay</b>		<b>City / Rural / Remote.</b>		
1.						
2.						
3.						
<b>Please tick as appropriate below to best describe your trip</b>						
<b>1. Type of trip</b>	Business		Pleasure		Other	
<b>2. Holiday type</b>	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
<b>3. Accommodation</b>	Hotel		Relatives / family home		Other	
<b>4. Travelling</b>	Alone		With family / friend		In a group	
<b>5. Staying in area</b>	Urban		Rural		Altitude	

<b>6. Planned activities</b>	Safari		Adventure		Other		
<b>Personal medical history</b>							
Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions, thymus disorder, immune system disorder)							
List any current or repeat medications							
Do you have any allergies for example to eggs, antibiotics, nuts?							
Have you ever had a serious reaction to a vaccine given to you before?							
Does having an injection make you feel feint?							
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?							
<i>Women only:</i> Are you pregnant or planning pregnancy or breast feeding?							
Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?							
Please write below any further information which may be relevant							

<b>Vaccination History</b>					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis C B or ACWY		Yellow Fever		Influenza	
Rabies		Japanese Encephalitis		Tick-Borne encephalitis	
Childhood immunisations					
Malaria tablets					

**FOR COMPLETION BY TRAVEL NURSE**

Travel risk assessment performed Yes [ ] No [ ]

Childhood immunisations checked Yes ( ) No ( )

Patient Pregnant Yes ( ) No ( )

**TRAVEL VACCINES RECOMMENDED FOR THIS TRIP**

**TRAVAX** Yes ( ) No ( )

<b>Disease protection</b>	<b>Yes</b>	<b>No</b>	<b>Course Recommended</b>
Hepatitis A			
Hepatitis B			
Hepatitis A & B			
Hepatitis A and Typhoid			
Typhoid			
Cholera			
Tetanus/Diphtheria/Polio			
MMR			
Tick bourn encephalitis			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Other			
<b>VACCINES DECLINED</b>			<b>REASON</b>

**TRAVEL ADVICE AND LEAFLETS GIVEN AS PER TRAVEL PROTOCOL**

Food water and personal hygiene advice	Travellers' diarrhoea	Hepatitis B and HIV
Insect bite prevention	Animal bites	Accidents
Insurance	Air travel	Sun and heat protection
Websites	Medical Preparation	Personal Safety Advice
Altitude Advice	Sexual Health and blood borne virus risk	Traveling with Children
Pregnancy	Long haul flight	Post vaccination advice

**MALARIA PREVENTION ADVICE and MALARIA CHEMOPROPHYLAXIS**

Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine			
Doxycycline		Malaria advice leaflet given	

**FUTHER INFORMATION**

e.g. weight of child

Patient Consent for immunisation obtained Verbal ( ) Written ( )

Travel Record card supplied Yes ( ) No ( )

**Signed by:**

**Position:**

**Date:**

