

ORCHARD HOUSE SURGERY

TRAVEL RISK ASSESSMENT FORM – To be completed by traveller prior to appointment

The practice offers a vaccination clinic for patients travelling abroad. Some immunisations are chargeable and therefore fees are payable – see our practice website www.orchardhousesurgery.co.uk or ask for details at our reception. Payment will be requested on your first visit if vaccinations required.

Name:		Date of birth:	
		Male Y/N	
		Female Y/N	
Email:		Daytime telephone:	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION/REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
Have you taken out travel insurance for this trip?		Y/N	
Do you plan to travel abroad again in the future?		Y/N	
TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY			
Holiday	Staying in hotel	Backpacking	
Business trip	Cruise ship trip	Camping/hostels	
Expatriate	Safari	Adventure	
Volunteer work	Pilgrimage	Diving	
Healthcare worker	Medical tourism	Visiting friends/family	
Additional information:			
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 eg your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history DVT)			
Heart disease (eg angina, high 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			
	Yes	No	Details
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions			
Women only			
Are you pregnant			
Are you breastfeeding			
Are you planning pregnancy while away			
ARE YOU CURRENTLY TAKING ANY MEDICATION? (Include prescribed, purchased or a contraceptive pill)			

For completion by Nurse

R=recommended C=compulsory LS=long-stay RS=sometimes recommended – need to discuss with nurse

Vaccine	Dose Price	R/C/LS/RS	Last given	Needs	Date given
Tetanus/Diphtheria/Polio	Free				
MMR	Free				
Typhoid	Free				
Hepatitis A	Free				
Hepatitis B**	£20.00+VAT				
Meningitis*	40.00+VAT				
Yellow fever*	40.00+VAT				
Rabies*	50.00 + VAT				
Other					

Malaria advice given Y / N

Malaria chemoprophylaxis advised Y / N

Tablets recommended		Length of appointment required	
Mefloquine		10 minutes	
Chloroquine		20 minutes	
Proguanil		30 minutes	
Doxycycline			
Malarone			

Doctor's signature

Comments: