FLEET MEDICAL CENTRE TRAVEL RISK ASSESSMENT FORM

Name:	Date of birth: Male □ Female □
Address: Email: Tel number: Mob number:	

DETAILS OF PLANNED TRIP

Date of departure:	Date of return:

COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
4.			
5.			
6.			

WHAT TYPE OF TRIP ARE YOU UNDERTAKING?

☐ Leisure	☐ Staying in hotel	☐ Safari	☐ Expatriate
☐ Cruise	☐ Backpacking	☐ Pilgrimage	☐ Healthcare work
☐ Hostels	☐ Business trip	☐ Diving	☐ Surgery abroad
☐ Volunteer work	☐ Camping/hostels	☐ Visiting friends/family	☐ Mountain climbing
☐ Hiking	☐ Sports tour	☐ Gap year	☐ Adventure
☐ Other			

PLEASE COMPLETE MEDICAL HISTORY BELOW

	YES	NO	DETAILS
Do you have any allergies?			
Have you had a previous reaction to any vaccines?			
Do you faint during vaccine administration?			
Have you had your spleen or thymus gland removed?			
Recent chemotherapy/radiotherapy/organ transplant?			
Are you anaemic?			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/seizures			

	YES	NO	DETAILS
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			
Mental health issues (including anxiety, depression, insomnia)			
Neurological (nervous system) illness			
Lung disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
WOMEN ONLY:			
Are you pregnant, breast feeding or planning a pregnancy?			
CHILDREN ONLY – current weight? **kg**			

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

IF KNOWN PLEASE PROVIDE DATES OF ANY VACCINES RECEIVED ELSEWHERE					
Tetanus/polio/ diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick borne encephalitis	
Yellow fever		BCG		Other	

Have you taken malaria tablets previously – If so which ones?

Do you have up to date travel insurance for this trip? □ Yes □ No

PLEASE HAND COMPLETED FORM TO RECEPTION
AS EARLY AS POSSIBLE PRIOR TO TRAVEL

We suggest you look up travel risks for your destination at:
https://travel healthpro.org.uk/countries

BASED ON RISK ASSESSMENT THE NHS PROVIDES:

Hepatitis A **Diptheria/tetanus/polio**
Typhoid **Cholera**

VACCINES OTHER THAN THIS WILL NEED TO BE OBTAINED AT A PRIVATE TRAVEL CLINIC.