Buckden & Little Paxton Surgeries

Travel Risk Assessment Form

Ideally submit **8 weeks before travel** to allow time to complete any required vaccination course. For complex travel, more than one appointment may be necessary. Please be aware all antimalarial medications have to be paid for as well as some immunisations.

Personal details	
Name:	**Date of birth:** **Male** [ ] **Female** [ ]
Easiest contact telephone number:	
Email:	
Date of Departure:	
Return date or overall length of trip:	

Itinerary and purpose of visit *Continue on a seperate sheet if required*

Country to be visited	**Region / Exact Location**	**Duration**	**Urban / Rural**
1.			
2.			
3.			
4.			
5.			

Please tick as appropriate below to best describe your trip

1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives / family home		Other (please specify)	
4. Travelling	Alone		With family / friend		In a group	
5. Planned activities	Safari		Adventure		Altitude	
6. Other						

Personal medical history
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions, thymus disorder, DVT)
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 faint?
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?

***Women only**: 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:

Vaccination History					
Have you ever had any of the following vaccinations / malaria tablets and if so when?					
Tetanus		Polio		Diphtheria	
Typhoid		Hepatitis A		Hepatitis B	
Meningitis		Yellow Fever		Influenza	
Rabies		Jap B Enceph		Tick Borne	
Other		MMR		Malaria tablets	

Travelling with Medication

Sovereign countries have their own laws and restrictions of what constitutes a controlled drug, this may be different to UK laws. Travellers must check the local rules that apply to transport of medicines for each country they enter and leave. You may require supporting information, such as a letter from your doctor, this will incur a cost. Many countries do not permit carrying more than a 30 day supply of a prescription. If travelling for more than 3 months you may need to apply for a licence by contacting the embassy of the country you are planning to visit. For more information visit: Foreign & Commonwealth Office - GOV.UK / travelhealthpro.org.uk

I have read and understand the advice regarding travelling with medication.
I have no reason to think that I might be pregnant.

Signed _____ Date _____

For Surgery use only
Patient Name:

To be completed at practioners discretion

Travel risk assessment performed Yes [ ] No [ ]

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP

Disease protection	Yes	No	Patient declined vaccine	Vaccine name, dose & schedule for PSD
Hepatitis A				
Hepatitis B				
Typhoid				
Cholera				
Tetanus				
Diphtheria				
Polio				
Meningitis ACWY				
Yellow Fever				
Rabies				
Japanese B Enceph.				
Other				

MALARIA PREVENTION ADVICE and MALARIA CHEMOPROPHYLAXIS REQUIRED Yes No

Chloroquine and proguanil		Atovaquone + proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline		General Travel Advice	
Bite avoidance advice given		Malaria advice leaflet given	