Travel Risk Assessment Form.

We are not a specialised Travel Clinic and therefore we need to place some restriction on what we can offer you as travellers. Your nearest Travel Clinic is Regent Street, Nottingham (Tel: 0115 947 5498) or Website: www.masta.org – please contact if your itinerary is complicated, i.e;

1. Multiple Destinations – More than 1 country. Please note travel advice within the surgery is for the country and not specific areas due to be visited.
2. Prolonged Stays – More than 4 weeks.
3. Last Minute Travellers – Presenting **10 days or less** before departure.

Name:		Date of Birth:	
Telephone Number:		Mobile Number:	
Male Female		Email:	

Please Supply Information About Your Trip In The Section Below:

Date of Departure:	Flight Stop Overs:
Country to Be Visited:	Exact Location or Region:
City or Rural:	Length of Stay:
Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future?	

Type of Travel and Purpose of Trip – Please Tick All That Apply:

Holiday:		Staying In Hotel:		Camping/Hotels:		
Business Trip:		Cruise Ship Trip:		Adventure:		
Expatriate:		Safari:		Diving:		
Volunteer Work:		Pilgrimage:		Visiting Friends/Family:		
Healthcare Worker:		Medical Tourism:				

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 any vaccine before?			
Tendency to faint with injections?			
Any surgical operations in the past, including:			
Your spleen or Thymus gland removed?			
Recent Chemotherapy / radiotherapy / organ transplant?			
Anaemia?			
Bleeding / clotting disorder (including history of DVT)?			
Heart Disease (e.g. Angina, High blood pressure)?			
Diabetes?			
Disability?			
Epilepsy / Seizures?			
Gastrointestinal (stomach) Complaints?			
Liver or Kidney problems?			
HIV / AIDs?			
Immune system condition?			

	Yes	No	Details
Mental Health Issues? (Including anxiety, depression)			
Neurological (nervous system) Illness?			
Respiratory (lung) Disease?			
Rheumatology (joint) Condition?			
Spleen problems?			
Any Other Condition?			

Women Only

Are you Pregnant?			
Are you breast feeding?			
Are you planning pregnancy whilst away?			

Are You Currently Taking **Any** Medication? (Including; Prescribed, Purchased or Contraceptive Pill)

For Office Use Only. Vaccines Recommended For Travel:

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:

Authorisation for Patient Specific Direction (PSD) Use:

Assessor's Name: Signature: Date:

Prescriber's Name: Signature: Date: