Bourn Surgery

Travel Risk Assessment – to be completed by traveller prior to appointment

Name:		Date of Birth:	
Address:		□ Male	□ Female
		Telephone Number: (can we leave a message?) □ Yes □ No	
E-mail:		Mobile Number:	
Please supply information about your trip in the sections below			
Date of departure:		Total length of trip:	
Country to be visited	Exact location or region	City or Rural	Length of stay
1.			
2.			
3.			
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	□ Backpacking	□ Additional Info
□ Business trip	□ Cruise ship trip	□ Camping/hostels	
□ Expatriate	□ Safari	□ Adventure	
□ Volunteer work	□ Pilgrimage	□ Diving	
□ Healthcare worker	□ Medical tourism	□ Visiting friend/family	
Please supply details of your personal medical history			
Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions)			
List any current or repeat medications:			
Smoking Status □ Never Smoked □ Smoker □ Ex-Smoker			

	Yes	No	Details
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen			
Thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Epilepsy/seizures			
Do you have any history or mental illness including depression or anxiety?			
Women only			
Are you pregnant or planning a pregnancy?			
Are you breast feeding?			
Are you planning pregnancy whilst away?			

Please supply information on any vaccines and dates or malaria tablets taken in the past			
□ 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:			
Patients signature:			Date:

For Surgery Use ONLY:			
Disease Protection	Information	Disease Protection	Information
□ Hepatitis A		□ Polio	
□ Hepatitis B		□ Meningitis ACWY	
□ Typhoid		□ Yellow Fever	
□ Cholera		□ Rabies	
□ Tetanus		□ Japanese B Encephalitis	
□ Diphtheria		□ Other	
Length of appointment for first appointment:			
Date & Time of first appointment:			
Nurse:			
Receptionist:			

Authorisation for a Patient Specific Direction (PSD)		
Name:	dob:	NHS No:
I authorise for the above named patient to receive the following vaccination as recommended in the Green Book:		

Name of Vaccine	Dose & Schedule		Batch number	Site given
Signature of Prescriber:			Date:	

Travel risk management consultation performed by: (sign & date)			
Travel advice and leaflets given as per travel protocol			
□ Food , water and personal hygiene advice	□ Travellers' diarrhoea		□ Hepatitis B & HIV
□ Insect bite prevention	□ Animal bites		□ Accidents
□ Insurance	□Air travel		□ Sun and heat protection
Websites:			
□ Travel Record card supplied	Other:		

Malaria prevention advice and malaria chemoprophylaxis	
□ Chloroquine and proguanil	□ Atovaquone & proguanil (Malarone)
□ Chloroquine	□Mefloquine
□Doxycycline	□ Malaria advice leaflet given
Further Information	