

# Cam and Uley Family Practice Travel Risk Assessment Form

Date submitted:.....

## Europe, North America and Egypt

Please complete this form at least 8 weeks before travel. Before our Practice Nurse can give you any required vaccinations you will need to obtain a free travel Health Brief from the Fit For Travel website ([www.fitfortravel.nhs.uk/](http://www.fitfortravel.nhs.uk/)). Please attach a copy to this form and return to the surgery a.s.a.p. The MASTA Health Brief provides a consolidated travel health report for multiple destinations and is constantly updated by their team of qualified health professionals. Please pick up the form 7 days after returning it to the surgery.

Simple vaccinations for locations above are usually free of charge on the NHS. For more complex travel arrangements in Asia, Africa, South America and/or Australasia please complete our other form.

Personal Details					
Name:			Date of Birth:		
			Male [ ]      Female [ ]		
Email:					
Dates of Trip					
Date of Departure:			Return date or overall length of trip:		
Itinerary and purpose of visit					
Country to be visited:		Length of stay:		Away from medical help at destination, if so, how remote?	
1.					
2.					
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
4. Travelling	Alone		With family/friend		In a group
5. Staying in area which is	Urban		Rural		Altitude
6. Planned activities	Safari		Adventure		Other
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					
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 of mental illness including depression or anxiety?					
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?					
<b>Women only:</b> 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 this?					
Please write below any further information which may be relevant					

Continued overleaf...

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 Bourne	
Other					
Malaria tablets					

**For discussion when risk assessment is performed within your appointment:**

Travel vaccines recommended for this trip			
Disease Protection	Yes	No	Further Information
Hepatitis A			
Typhoid			
Tetanus			
Diphtheria			
Polio			

**The following vaccines are not available for travel from the Surgery. You are advised that travel advice and vaccines are available from pharmacies, surgeries and private travel clinics e.g. MASTA (see attached list)**

Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Cholera			
Hepatitis B			
Tick Bourne Encephalitis			
Other			

**Malaria prevention advice and malarial chemoprophylaxis**

Chloroquine and proguanil		Available from chemist
Chloroquine		Available from chemist
<b>We provide anti-malarial treatment below on private prescription only at a cost of £20.50 in addition to the cost of the tablets. Please note that this treatment is available from other outlets.</b>		
Lariam		
Doxycycline		Malaria advice leaflet given

**Further information**

e.g. weight of child
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I understand the travel advice given by MASTA/Fit for travel and consent to the required vaccinations and malaria prophylaxis as above. I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions.

**Signed (Patient)** .....

**Date:** .....