

**MERCHISTON SURGERY**

**TRAVEL RISK ASSESSMENT FORM**

To be completed by patient prior to appointment.

Date & Time of appointment:

With:

Personal Details						
Name:			Date of birth:			
			Male [ ]		Female [ ]	
E Mail:						
Easiest Phone Number:						
Your Trip						
Date of Departure:			Date of Return:			
Country to be visited		Exact Location/Region		City or Rural	Length of Stay	
1.						
2.						
3.						
Type of Travel and Purpose of Trip – please tick ALL that apply						
Business	<input type="checkbox"/>	Holiday	<input type="checkbox"/>	Expatriate	<input type="checkbox"/>	<b>Additional Information</b>
Package	<input type="checkbox"/>	Self-organised	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	
Camping	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Trekking	<input type="checkbox"/>	
Hotel	<input type="checkbox"/>	Camping/hostel	<input type="checkbox"/>	Diving	<input type="checkbox"/>	
Alone	<input type="checkbox"/>	With family / friend	<input type="checkbox"/>	In a group	<input type="checkbox"/>	
Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Altitude	<input type="checkbox"/>	
Safari	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Pilgrimage	<input type="checkbox"/>	

**Personal medical history**

Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions, thymus disorder, immune system disorder)

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 C B or ACWY		Yellow Fever		Influenza	
Rabies		Japanese Encephalitis		Tick-Borne Encephalitis	
Childhood immunisations		Pneumonia		BCG	
Malaria tablets					