

CHERRYMEAD SURGERY  
TRAVEL RISK ASSESSMENT FORM

Travel immunisation advice can vary according to where you travel, at what time of the year and environmental conditions. Please complete this form prior to your travel appointment and return to us so that up-to-date advice can be prepared in time for your consultation.

Name ..... Date of birth .....

Contact telephone number .....

Date of departure ..... Date of return .....

Countries to be visited:

1. ....

2. ....

3. ....

Please circle the descriptions that best fit your trip

Type of trip?	Business	Pleasure	Other
Holiday type?	Package	Camping	Self-organized
Accommodation?	Hotel	Relatives	Other
Travelling?	Alone	With family/friend	In a group
Staying in a place which is?	Rural	Urban	Altitude
Activities?	Safari	Adventure	Other

Do you have any past medical history of note? This includes diabetes, lung conditions of thymus disorder? .....

List any current or repeat medicines .....

Do you have any allergies? Eg eggs, antibiotics, nuts? .....

Have you ever had a reaction to a vaccine before? .....

Does having an injection make you feel faint? .....

Do any close family members have epilepsy? .....

Do you have a history of mental illness including depression or anxiety? .....

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? .....

Women only: Are you pregnant or breastfeeding? .....

Have you taken out travel insurance? If you have a medical condition have you informed the insurance company about it? .....

Any further information that may be relevant .....

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Vaccination History:

Have you ever had any of the following vaccinations and if so when?

Tetanus	Polio	Diphtheria
Typhoid	Hepatitis A	Hepatitis B
Meningitis	Yellow Fever	Influenza
Rabies	Jab B Enceph	Malaria tablets

For discussion when risk assessment is performed within your appointment:

I have no reason to think 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. I consent to the vaccines being given.

Signed .....

Date .....