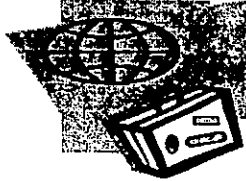


Lochmaben Medical Group

Travel Health Risk Assessment Form 1



Personal Details

Name:

Address:

Date of Birth:

Telephone Number:

Dates of Trip

Dates of Departure:

Length of Trip:

Pregnant or Plans Within 3 Months of Trip:

Itinerary

Please List Below Countries To Be Visited Including Any Stopovers:

- 1) _____
- 2) _____
- 3) _____

Do You Have Travel Insurance? : Y/N

Will You Have Access To Medical Facilities? : Y/N

Have You Ever Had A Serious Reaction To A Vaccine? : Y/N

Please Circle the Description Which Best Describes Your Trip

1. Type of Trip	Business	Pleasure	Other
2. Holiday Type	Camping	Cruise Ship	Backpacking
3. Accommodation	Hotel	Relatives	Other
4. Staying (Area)	Urban	Rural	Altitude
5. Planned Activities	Safari	Adventure	Other

Cruise Information

Please list full cruise itinerary if possible as this enables the Practice Nurse to best advise vaccinations required.

When you have completed the Travel Form, please return it to the Surgery. Please allow up to 1 week for the information to be processed by the Practice Nurse.

Please contact the Surgery and you will be advised if any vaccines are required for your forthcoming trip and an appointment will be arranged with the Practice Nurse.

If you do require vaccines, please remember to collect your prescription from the Surgery and allow the Pharmacy enough time to process prior to your appointment.

Patient Consent

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. I consent to the vaccines being given.
(To be signed in the surgery)

Signed: _____

Date: _____

Useful Travel Websites

www.fitfortravel.nhs.uk

www.8weekstogo.co.uk

www.malariahotspots.co.uk

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