UNIVERSITY MEDICAL GROUP

TRAVEL RISK ASSESSMENT FORM

To be completed by traveller prior to appointment and emailed or given to reception at surgery.

Please ensure that you complete as much of this form as possible and that you have fully read the information on our website. This form should be submitted **eight weeks before you travel**.
We only give travel vaccines covered by the **NHS: Hepatitis A, Diptheria, Polio, Typhoid, MMR & Cholera**
All other vaccines will need to be obtained from a private travel clinic.
A separate form must be completed for each traveller

Name:	Date of birth: Male ☐ Female ☐
Email:	Telephone number: Mobile number:
Preferred method of contact: Email or Telephone	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW	
Date of departure:	Total length of trip:
Have you taken out travel insurance for this trip?	

COUNTRY TO BE VISITED	CITY OR RURAL	LENGTH OF STAY
1.		
2.		
3.		
4.		

TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY

☐ Holiday	☐ Staying in hotel	☐ Backpacking
☐ Business trip	☐ Cruise ship trip	☐ Camping
☐ Expatriate	☐ Safari	☐ Adventure
☐ Volunteer work	☐ Pilgrimage	☐ Diving
☐ Healthcare worker	☐ Medical tourism	☐ Visiting friends/family

Additional information

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	Yes	No	Details
Are you fit and well	☐	☐	
Any allergies including food, latex, medication	☐	☐	
Severe reaction to a vaccine before	☐	☐	
Tendency to faint with injections	☐	☐	
Recent chemotherapy/radiotherapy/organ transplant	☐	☐	
HIV/AIDS	☐	☐	
Immune system condition	☐	☐	
	Yes	No	Details
Women only	☐	☐	
Are you pregnant?	☐	☐	
Are you breast feeding?	☐	☐	
Are you planning pregnancy while away?	☐	☐	

Please list any medication that you are taking other than what is prescribed at this practice eg: purchased over the counter

PLEASE SUPPLY INFORMATION ON ANY VACCINES YOU HAVE HAD IN THE PAST				
Tetanus/polio/diphtheria	☐ Date:		Typhoid	☐ Date:
Hepatitis A	☐ Date:		Pneumococcal	☐ Date:
Cholera	☐ Date:		MMR	☐ Date:

Any additional information of other vaccines received:

Staff Use Only – 2 week turn around		Please Initial
Date Received by reception		
Date given to clinical coders with MRE		
Date passed to nurse from coders		