

# Manor Way Surgery

## Travel Risk Assessment Form

Please complete this form and return to the surgery as soon as possible

Please allow 4 working days before contacting the surgery to make an appointment with the nurse

<b>Personal details</b>						
Name	Date of Birth					
	Male [ ] Female [ ]					
Easiest contact telephone number	If under 18					
	Height		Weight			
E Mail Address						
Date of Departure						
Return date or overall length of trip						
<b>Itinerary and purpose of visit</b>						
Country to be visited	Length of stay	Away from medical help at destination, if so, how remote?				
1.						
2.						
3.						
<b>Please tick as appropriate below to best describe your trip</b>						
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: Please state	

P T O

<b>Personal Medical History</b>
Do you have any recent or past medical history of note? (Including diabetes, heart or lung conditions, thymus 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?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
<b><u>Women only:</u></b> Are you pregnant or planning pregnancy or breast feeding?
Please write below any further information which may be relevant

<b>Vaccination History</b>					
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 Borne	
Other					
Malaria Tablets					

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

**For surgery use:**

**Vaccines Required:**

**Vaccines Sometimes Required:**

**Malaria:**