TRAVEL RISK ASSESSMENT FORM – please PRINT, COMPLETE and BRING to your appointment

Name: Email Address:		Date of Birth: Male ☐ Female ☐	
Address:		Telephone number: Mobile Number:	
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTION BELOW			
Date of Departure:		Total Length of Trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future?			

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

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

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	**NO**	**DETAILS**
Are you fit and well today?			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before?			
Tendency to faint with injections?			
Any surgical operations in the past, e.g. your spleen/thymus gland removed			
Recent chemotherapy, radiotherapy, organ transplant			
Anaemia			
Bleeding/clotting, history of DVT			
Heart disease e.g. angina high blood pressure			
Diabetes			
Disability			
Epilepsy/ seizures			
Gastrointestinal (stomach) complaints			
Liver or kidney problems			
HIV/AIDS			
Immune system condition			

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	YES	NO	DETAILS
Mental Health issues including anxiety, depression			
Neurological (Nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Are you currently taking any medication Including prescribed, purchased or a contraceptive pill?

PLEASE SUPPLY DATES OF ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/Polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Borne Encephalitis	
Yellow Fever		BCG		Other	
Malaria Tablets					

Any additional information

Next of Kin:	
Relationship to you:	**Phone Number:**

Winchester Travel Health