



## TRAVEL RISK ASSESSMENT FORM

Travel forms can also be completed via our website <https://www.whitleyhouse.co.uk/>  
Alternatively, this form can be handed into reception or emailed to [whitleyreception@nhs.net](mailto:whitleyreception@nhs.net)

Whitley House Surgery is pleased to offer a wide range of travel vaccinations. You **do not** need to be a registered patient of Whitley House Surgery to receive this service from us.

If you are planning on travelling abroad this year, please make sure you are safely vaccinated for the area you are going to, and your vaccinations are still in date.

At least **6 weeks** before you travel, please fill in the form below and one of our travel nurses can review what you require and contact you to discuss and book an appointment. The 6-week timeframe is in place to ensure you have enough time to receive any full courses of vaccines you require. It is recommended that all vaccinations are completed at least 2 weeks prior to travel to ensure the vaccine has had time to take effect.

Process:

- Complete travel form at least **6 weeks** before you are due to travel
- Nurse reviews form and contacts you
- Attend first appointment for vaccinations (you may need multiple depending on the vaccines you require)
- Receive final vaccines at least 2 weeks prior to departure to ensure the vaccine has had time to take effect
- Receive print out of all your current vaccinations

Please note you can get Typhoid, Hepatitis A, Tetanus, Diphtheria and Polio free of charge on the NHS from your usual GP Practice.

Any Non-NHS vaccines will require payment in full **before** appointments are made.

## Travel Form

<b>Name:</b>		<b>Date of birth</b>	
		Gender	
<b>E mail:</b>		Telephone number:	
		Mobile number:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>			
Date of departure:		Total duration of trip:	
<b>COUNTRY TO BE VISITED</b>	<b>EXACT LOCATION OR REGION</b>	<b>CITY OR RURAL/Altitude</b>	<b>LENGTH OF STAY</b>
1.			
2.			
3.			
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK <u>ALL</u> THAT APPLY</b>			
<input type="checkbox"/> Holiday <input type="checkbox"/> Hotel <input type="checkbox"/> Backpacking <input type="checkbox"/> Business trip <input type="checkbox"/> Cruise ship <input type="checkbox"/> Camping/hostels <input type="checkbox"/> Alone <input type="checkbox"/> Package <input type="checkbox"/> Safari <input type="checkbox"/> Adventure <input type="checkbox"/> With Friends/family <input type="checkbox"/> Volunteer work <input type="checkbox"/> Self Organised <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Group <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Trekking <input type="checkbox"/> Other <input type="checkbox"/> Details			

<b>PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY</b>			
<b>Do you have any of the following: -</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
Diabetes			
Heart Conditions (e.g., angina, high blood pressure)			
Lung Conditions			
Allergies including food, latex, medication			
Anaemia			
Neurological Disorders ie Epilepsy/seizures			
Disability			
Bleeding /clotting disorders (including history of DVT)			
Mental health issues (including anxiety, depression)			
<b>Have You: -</b>			
Suffered a severe reaction to a vaccine before			
A tendency to faint with injections			
Recently received, or are receiving chemotherapy/radiotherapy/organ transplant			
Recently suffered from any infection i.e., heavy cold, flu or high temperature			

Any other conditions?			
<b>Women only</b>			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			
<b>Are you currently taking any medication</b> (including prescribed, purchased or a contraceptive pill)?			

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/olio/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**

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) *Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine*. RCN, London. [www.rcn.org.uk](http://www.rcn.org.uk)
2. Field VK, Ford L, Hill DR, eds. (2010) *Health Information for Overseas Travel*. National Travel Health Network and Centre, London, UK. [www.nathnac.org](http://www.nathnac.org)