

## THE VILLAGE SURGERY

### TRAVEL RISK ASSESSMENT FORM

– Ideally to be completed by traveller prior to appointment

Name:		Date of Birth:	
Address:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email Address:		Telephone No:	
		Mobile No:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>			
Date of Departure:		Total length of trip:	
<b>Country to be visited</b>	<b>Exact location or region</b>	<b>City or Rural</b>	<b>Length of Stay</b>
1.			
2.			
3.			
Have you taken out travel insurance for this trip?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you plan to travel abroad again in the future?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Type of Travel and Purpose of Trip – PLEASE TICK ALL THAT APPLY</b>			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional Information</u>
<input type="checkbox"/> Business Trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	
<b>Please supply details of your personal medical history</b>			
	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
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, including eg your spleen or thymus gland being removed?			
Recent chemotherapy/radiotherapy/organ transplant?			
Anaemia?			
Bleeding/clotting disorders (including history of DVT)?			
Heart disease (eg angina, high blood pressure)?			
Diabetes?			
Disability?			
Epilepsy/seizures?			
Gastrointestinal (stomach) complaints?			
Liver and/or kidney problems?			
HIV/AIDS?			
Immune system conditions?			

	YES	NO	DETAILS
Mental health issues (including anxiety, depression)?			
Neurological (nervous system) illness?			
Respiratory (lung) disease?			
Rheumatology (joint) conditions?			
Spleen problems?			
Any other conditions?			
<b>Women only</b>			
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)?

Signature:

Date:

### FOR OFFICIAL USE ONLY

**National database consulted** for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required): **NaTHNaC:** **TRAVAX:** **Other:**

Disease protection advised	Yes	Disease Protection advised:	Yes	Malaria Chemoprophylaxis Recommendation	Yes
BCG/Mantoux		Influenza		Atovaquone/proguanil	
Cholera		Meningitis ACWY		Chloroquine only	
Dip/tetanus/polio		MMR		Chloroquine & Proguanil	
Hepatitis A		Rabies		Doxycycline	
Hepatitis B		TBE		Mefloquine	
Hepatitis A + B		Typhoid		Proguanil only	
Hepatitis A + Typhoid		Yellow Fever		Emergency standby	
Japanese Encephalitis		Other		Weight of child:	

General travel advice leaflet given (all topics below in the surgery/clinic advice leaflet) and patient asked to read entire leaflet due to insufficient time to advise verbally on every topic: **YES / NO**

Items ticked below indicate topics discussed specifically within the consultation:

Prevention of accidents		Mosquito bite prevention	
Personal safety and security		Malaria prevention advice	
Food and water borne risks		Medical preparation	
Travellers' diarrhoea advice		Sun and heat advice	
Sexual health & blood borne virus risk		Journey / transport advice	
Rabies specific		Insurance advice	

**Other specific specialised advice / information given on:**

Eg smoking advice for a long haul flight; altitude advice; prevention of schistosomiasis etc.

Source of advice used for further information: NaTHNaC  TRAVAX  Other

**OR** no additional specialised advice given

**Additional patient management or advice taken following risk assessment – for example:**

- Vaccine(s) patient declined following recommendation, and reason why.
- Telephoned NaTHNaC or TRAVAX for advice or used Malaria Reference laboratory fax service.
- Contacted hospital consultant for specific information in respect of a complex medical condition.
- Identified specific nature/purpose of VFR travel.

**Authorisation for a Patient Specific Direction (PSD)**

Following the completion of a travel risk assessment, the below named vaccines may be administered under this PSD to:

**Name:**

**DOB:**

Name, form and strength of medicine (generic/brand name as appropriate)	Dose, schedule & route of administration	Start and finish dates

Signature of Prescriber	Date

**Post Vaccination administration**

Vaccine details recorded on patient computer record (vaccine name, batch no., stage, site, etc)	<b>Y / N</b>
SMS vaccines reminder or post care reminder service set up	<b>Y / N</b>
Travel record card supplied and updated	<b>Y / N</b>
<b>Travel risk management consultation performed by:</b> (sign name and date)	