

The Quay Surgery - Travel Vaccination Hand Outs

TRAVEL RISK ASSESSMENT FORM

Health Professionals: local guidance for record keeping should be followed

The yellow fever checklist for travellers should be used for yellow fever Risk Assessment

Name:	Date of Birth:
	Telephone:
Address:	Email:
	NHS Number (If known):
Date handed in at reception:	Start date of holiday:

Travel Details

Country	Destination(s) within the country	Length of Stay	Mode of Transport
1			
2			
3			
4			
5			

Destination Description - circle all that apply

Urban	Desert	Jungle	Rural (countryside)
Coastal	High Altitude	Safari	

Other (please provide details):

Purpose of trip - circle all that apply

Adventure / gap year	Business/ work	Charity / volunteer	Aid work / emergency response
Cruise	Diving	Health Worker	Holiday
Long Term / expatriate	Medical treatment	Pilgrimage	Visiting friends and family

Other (please provide details):

Accommodation - circle all that apply

Hotel	Hostel	Camping	Staying with family and friends
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Other (please provide details):

Do you have travel health insurance (covering pre-existing health conditions and planned activities if relevant)?	YES	NO
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Accommodation - circle all that apply

Please tick either yes or no. If you answer yes, please provide details below

	Yes	No
Are you well today?		
Do you have any health conditions? E.g., Diabetes, respiratory (breathing problems), heart disease, neurological illness, liver or kidney problems, blood disorders [E.g., sickle cell disease, clotting or bleeding issues]		
Do you have, or a first degree relative (parents, brother, sister, or child) have epilepsy or seizures?		
Have you, or a first degree relative (parents, brother, sister, or child) experienced any mental health issues, even mild anxiety or depression?		
Do you have, or have you had, a condition that could impair your immune system? E.g., HIV/AIDS, blood cancer		
In the last 12 months, have you taken any medication or had treatment that could impair your immune system? E.g., Chemotherapy, radiotherapy, high dose steroids		
Have you ever had any surgery? E.g., Open-heart surgery, transplant surgery, spleen or thymus gland removal?		
Have you ever had a travel related illness/injury that required assessment/treatment in hospital?		
Are you receiving regular treatment or follow up with your GP/hospital specialist?		
Do you have any disability or mobility problems?		
Do you have any allergies? E.g., food, medication, or latex?		
Have you, or anyone in your family ever had a severe reaction to a vaccine or malaria medication?		
Are you or your partner pregnant or planning pregnancy?		
Are you breastfeeding?		

Further details If you answered yes to any of the questions above, please provide details here with any other important information regarding your health, including problems experienced with previous travel:

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Antimalarial medication discussed today

	Recommend	Prescribed today	Declined	Referred elsewhere
Atovaquone & proguanil				
Chloroquine & proguanil				
Doxycycline				
Mefloquine				
Emergency standby				
Other advice or comments:				
Source of Info used:				
Name of Health Professional				
Date of Consultation		Signed		

Vaccine History (If Known) If you have received vaccinations elsewhere which will not be in our clinic records, please provide details here

	Date(s) of vaccination	Dates of vaccination unknown	Notes
BCG			
Cholera			
COVID-19			
Diphtheria/ Tetanus/Polio			
Hepatitis A			
Hepatitis A/B			
Hepatitis A/Typhoid			
Japanese encephalitis			
Influenza			
Meningitis ACWY			
MMR			
Rabies			
Tick Borne Encephalitis			
Typhoid			
Yellow Fever			
Other:			

Next section is for health professional only:

Risk Management Checklist	Discussed (X)	Comments
1. Medical Preparation		
2. Journey Risks		
3. Personal Safety / Accidents / Injuries		
4. Environmental risks		

5. Food and Water Safety		
6. Vector-borne risks		
7. Malaria ABCD - record meds in table		
8. Rabies and animal bite		
9. Sexual health / BBV		
10. Skin / Sun health		
11. Phycological Health		
12. FGM		

Vaccinations discussed today

	Advised	Declined	Given		Advised	Declined	Given
Cholera				MMR			
Diphtheria/tet/pol i				Rabies			
Yellow Fever				Typhoid			
Influenza				Hep A			
Meningitis ACWY				Hep B			
Tick Borne Encephalitis				Other:			
Childhood/ UK vaccination programme up to date				Yes	No		