

Healthcare

Travel Risk Assessment Form

Date of Request:	
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PERSON TRAVELLING		
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Name	Date of Birth	GP
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Contact Number(s)
Home:
Mobile:
Work:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
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Date of Departure:	Total Length of trip:
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Country to be visited	Exact region	City or Rural	Length of stay
1.			
2.			
3.			
4.			

TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY			
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<input type="checkbox"/> Holiday <input type="checkbox"/> Business Trip <input type="checkbox"/> Expatriate <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Healthcare Worker	<input type="checkbox"/> Staying in hotel <input type="checkbox"/> Cruise ship trip <input type="checkbox"/> Safari <input type="checkbox"/> Pilgrimage <input type="checkbox"/> Medical tourism	<input type="checkbox"/> Backpacking <input type="checkbox"/> Camping/hostels <input type="checkbox"/> Adventure <input type="checkbox"/> Diving <input type="checkbox"/> Visiting friends/relatives	Additional Information
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PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
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	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, including e.g. your spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			

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	YES	NO	DETAILS
Anaemia			
Bleeding/clotting disorders (including 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			
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 or in near future?			
PLEASE SUPPLY INFORMATION ON ANY MEDICATION YOU ARE TAKING (including prescribed, purchased or a contraceptive pill)			
ANY ADDITIONAL INFORMATION			