

### TRAVEL HEALTH ASSESSMENT

Please complete one form per person attending and bring it to your appointment



Name:	AGE:	Travel clinic number: <small>(will be added by clinician)</small>
Date of birth:		
Address:		CHI Number:

Country/Area (location if known)	Length of stay

**Date of Departure:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**What type of trip have you arranged? Circle all that apply**

Reason for travel	Business    Holiday    Visiting family/friends    Volunteering    Religious    Other -					
Trip type	Package    Self organised    Resort    Touring    Backpacking    Camping    Cruise    Trekking					
Are you visiting Areas:	With poor hygiene/ poor sanitation provision	Y N	Where you may not be able to access medical facilities promptly or easily	Y N		
Accommodation	Hotel    Hostels    Apartments    Relatives/friend    Safari Lodge    Other -					
Area Types	Major town/cities    Smaller towns    Beach Resort    Rural    Altitude    Area of Deprivation					
Planned Activities	Safari    Adventure    Individual sports    Contact Sports    Caving    Other -					
Voluntary/ Work	With children    With Animals    Medical    Refugee work    Office    Conference    Offshore					

**Medical History – please provide details or write NONE**

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (ie eggs, antibiotics): \_\_\_\_\_

Any issues which affect your immune system? (ie medications, treatments, myasthenia gravis, HIV): \_\_\_\_\_

Past or recent surgery (especially spleen or thymus): \_\_\_\_\_

In the last 12 months have you taken any steroids, anti-cancer drugs, biological therapy, radiotherapy or chemotherapy	Yes	No
Have you ever had cancer, leukaemia, lymphoma or had organ or bone marrow transplant	Yes	No
Have you ever have a serious (anaphylactic) reaction to any previous vaccine?	Yes	No
Does having an injection make you feel faint?	Yes	No
Do you or any close family member suffer from epilepsy?	Yes	No
Have you or any close family member suffered from DVT (deep vein thrombosis/clots)?	Yes	No
Do you have any history of mental illness including depression or anxiety?	Yes	No
Do you feel unwell or have a fever today?	Yes	No
<i>Women:</i> Are you pregnant, breastfeeding or planning pregnancy? <i>Men:</i> planning or partner pregnant	Yes	No
<i>Women:</i> Have you undergone FGM / been cut / female circumcision	Yes	No
Have you taken out travel insurance? (inform insurance company of any medical conditions you have)	Yes	No

**What vaccinations/ medication have you had before? include dates if known**

**Standard UK childhood vaccines including x2 measles vaccine? Yes / No**

Tetanus	Polio	Diphtheria
Typhoid		
Hepatitis A	1    2    3    4	
Hepatitis B	1    2    3    4	
Rabies	1    2    3    4	
Jap B Enc	1    2    3	
Tick Borne Enc	1    2    3	
Meningitis		
Yellow Fever		
Cholera		
Other		
Malaria tablets		

**Is there anything else important in your medical health / past vaccination history?**

The information I have provided is true to the best of my knowledge.

Signed : \_\_\_\_\_ *patient/parent/guardian (circle)* \_\_\_\_\_ Date: \_\_\_\_\_

**Do you consent to be contacted by our research team in relation to upcoming studies**    Yes / No    (please circle)

**FOR OFFICIAL USE by Health Care professional**

HCP Name:

Date of risk assessment:

Care Plan - space to note if required or see prescription attached

Appt 1 - date

Appt 2 - date

Appt 3 - date

Appt 4 - date

PSD for Administration (if required ie off license use, schedule, outwith PGD or non prescribing HCP)

Patient ID	Name of medication	Volume/Unt	Route	Date(s) to be given	Prescriber name & date	Signed (prescriber)

Administration – administration must be instructed by a valid PGD, individual PSD or attached prescription

Discussed side effects

Obtained verbal consent

Date administered	Vaccine/meds Given	Brand	Batch	Expiry	Site	Prescribing mechanism	Name of Administering HCP

Vaccine card/record provided  Travel advice as per Travax

Notes – primarily to be used in absence of electronic record / functioning database

X3 patient identifiers / label