**Travel risk assessment form – admin to email this form to traveller for completion and return to APOHS generic email address. This will be stored in a travel clinic on-line folder for access prior to the clinic and at the appointment.**

|  |  |
| --- | --- |
| Name | Address |
| D.O.B  | Gender |
| Phone no | Email |
| **Please provide information about your trip below** |
| Date of departure | Total length of trip |
| Country to be visited | Exact location/region | City or rural | Length of stay |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| **Type of travel and purpose of trip – please tick all that apply** |
| Holiday | Staying in hotel | Backpacking | Business trip | Cruise ship trip |
| Camping/hostels | Expatriate | Safari | Adventure | Volunteer work |
| Pilgrimage | Diving | Healthcare work | Visiting family/friends |  |
| Other  |

|  |
| --- |
| **Medical history** |
|  | **YES** | **NO** | **Additional information** |
| Are you normally fit and well? |  |  |  |
| Are you allergic to anything? |  |  |  |
| Have you ever had a reaction to a vaccine before? |  |  |  |
| Do you have a tendency to faint? |  |  |  |
| Any operations in the past? |  |  |  |
| Any recent chemotherapy/radiotherapy or organ transplant? |  |  |  |
| Do you suffer with anaemia?  |  |  |  |
| Any history of bleeding or clotting problems? |  |  |  |
| Any heart problems including high blood pressure? |  |  |  |
| Are you diabetic? |  |  |  |
| Do you have epilepsy/fits? |  |  |  |
| Any stomach problems? |  |  |  |
| Any kidney or liver problems? |  |  |  |
| Are you HIV positive? |  |  |  |
| Do you have any problems with your immune system e.g. lupus? |  |  |  |
| Do you have any mental health problems including anxiety and depression? |  |  |  |
| Any neurological conditions? |  |  |  |
| Any respiratory problems including asthma? |  |  |  |
| Any joint conditions |  |  |  |
| Do you have an thymus problems or have had a thymectomy ? |  |  |  |
| Do you have DiGeorge syndrome? |  |  |  |
| **Female travellers** |
| Are you pregnant or planning on becoming pregnant whilst away? |  |  |  |
| Are you breast-feeding? |  |  |  |

|  |
| --- |
| **Applicable to all** travellers - please supply information and dates on any vaccines or malaria tablets you have taken in the past.  |
| Tetanus/polio/diphtheria |  | MMR |  | Influenza |  |
| Typhoid |  | Hepatitis A |  | Pneumococcal |  |
| Cholera |  | Hepatitis B |  | Meningitis – specify type |  |
| Rabies |  | Japanese Encephalitis |  | Tick Borne Encephalitis |  |
| Yellow Fever |  | BCG |  | Varicella |  |
| Malaria Tablets |

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| Additional information |

Reference Jane Chiodini 2012