**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