

**ROSMELLYN SURGERY
TRAVEL RISK ASSESSMENT FORM**

Please complete this form and return it to reception as soon as possible, then allowing 2 – 3 working days before contacting us to arrange an appointment with the travel nurse. Please be aware we cannot guarantee you an appointment if you contact us less than a month before your holiday.

Personal details

Name:	Date of birth:
	Male [] Female []

Easiest contact telephone number:

Email:

Dates of trip:

Date of Departure:

Return date or overall length of trip

Itinerary and purpose of visit

Country to be visited (if possible please include town/city, region/area)	Length of stay	Away from medical help at destination, if so, how remote?
1.		
2.		
3.		

Please tick as appropriate below to best describe your trip

1. Type of trip	Business		Pleasure		Other	
2. Holiday type	Package		Self organised		Backpacking	
	Camping		Cruise ship		Trekking	
3. Accommodation	Hotel		Relatives/ Family home		Other	
4. Travelling	Alone		With family/ friend		In a group	
5. Staying in area which is	Urban		Rural		Altitude	
6. Activities	Extreme sport		Climbing		Diving	

For discussion when risk assessment is performed within your appointment.

I have no reason to think that I might be pregnant and declare this information to be correct. I consent to the vaccine being given after discussion with the practice nurse.

Please be aware that there is a fee for certain vaccinations.

Signed:

Date:

For official use

Patient Name:

Travel risk assessment Performed?

Yes []

No []

By:

Date:

Length of appointment

Appointment time span (eg: 2 – 3 weeks time)

Additional comments

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP

Disease protection	Yes	No	Further information
Hepatitis A			
Hepatitis B			
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			
Rabies			
Japanese B Encephalitis			
Malaria Prophylaxis			
Other			

Are you taking any medication including the oral contraceptive pill, or have you been on antibiotics within the last 10 days? **Yes [] No []**

GP Authorisation: I hereby authorise the administration of the above recommended vaccines to this patient as per BMC protocol and up to date advice from Travax:

Signed.....

Dated.....