

Watling Medical Centre

Travel Risk Assessment Form

Please complete this form and return to reception

Book your travel appointment at least 4 weeks before travelling

Personal Details			
Surname:	Date of Birth		
Forename:	Male []	Female []	
Address:			
Home tel No:	Mobile Tel No:		
Dates of Trip			
Date of Departure:		Return date, or overall length of trip:	
Itinerary and purpose of this visit			
Country to be visited	Length of stay	will you be away from medical help at destination? State city/village. 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. Accomodation	Hotel	Relatives/family Home	Other
4. Travelling	Alone	with family/friends	In a group
5. Staying in area which is	urban	Rural	Altitude
6. Planned activities	safari	Adventure	Other
Do you plan to travel again in the future: NO/YES give details: dates, destination, etc. as above.			
Personal Medical History			
Do you have any recent or past medical history of note? (incl. diabetes, heart or lung conditions)		YES / NO If Yes please list:	
List Any Current or repeat medications:			
Do you have any allergies for example to eggs, antibiotics, nuts?		YES / NO	
Have you ever had a serious reaction to a vaccine given to you before?		YES / NO	
Does having an injection make you feel faint?		YES / NO	
Do you or any close family members have epilepsy?		YES / NO	
Do you have any history of mental illness including depression or anxiety?		YES / NO	
<i>Women only: Are you pregnant, or planning pregnancy, or breast feeding?</i>		YES / NO	
If you have a medical condition and you have taken out travel insurance, have you informed the insurance company about this?		YES / NO	
Please write below any further information which may be relevant:			