

**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:



insurance, have you informed the insurance company about this? Please write below any further information which may be relevant:	YES / NO
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