# ALBRIGHTON MEDICAL PRACTICE - TRAVEL RISK ASSESSMENT FORM

Before you complete this form it is important that you read the following information, failure to comply with the guidelines may result in the Practice being unable to provide you with this service.

1. The form must be completed at least **8 weeks before your date of first travel** to ensure that there is enough time to have all your vaccinations.
2. **ALL** sections of the form must be completed in full.
3. Once you have completed and submitted this form a Practice Nurse will contact you to book an appointment.
4. **We will be unable to offer you an appointment if you are travelling within the next 8 weeks** you will need to book an appointment in a travel clinic. Please find a list of local clinics attached, our reception will be happy to provide you with a copy of your vaccination history to take to take to the travel clinic.

**Further information about travel vaccinations and there frequency can be found at**

[**https://www.nhs.uk/conditions/travel-vaccinations/**](https://www.nhs.uk/conditions/travel-vaccinations/)

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| **Personal details** |
| **Name:****Email: \*****Mobile: \*** | **Date of birth:****Male** [ ] **Female** [ ] |
| **Dates of trip** |
| **Date of Departure** |
| **Duration of stay** |
| **Itinerary and purpose of visit** |
| **Country and city to be visited** | **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. Planned activities** | Safari |  | Adventure |  | Other |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Personal medical history |
| Do you have any recent or past medical history of note? (including diabetes, heart or lung conditions) |
| 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 or mental illness including depression or anxiety? YES/NO |
| Have you recently undergone radiotherapy, chemotherapy or steroid treatment? YES/NO |
| Women only: Are you pregnant or planning pregnancy or breast feeding? YES/NO |
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| Vaccination HistoryHave you ever had any of the following vaccinations/malaria tablets and if so when? |
| Tetanus |  | Polio |  | Diptheria |  |
| Typhoid |  | Hepatitis A |  | Hepatitis B |  |
| Meningitis |  | Yellow Fever |  | Influenza |  |
| Rabies |  | Jap B Enceph |  | Tick Borne |  |
| Other |  |  |  |  |  |
| Malaria tablets |  |  |  |  |  |

I confirm that the above information is correct to the best of my knowledge.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

**TRAVEL VACCINATION CLINICS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Tel no.**  | **Email**  |
| The West Midlands Travel Clinic | Halesowen Clinic, West Midlands Hospital, Colman Hill, Halesowen, West Midlands B63 2AH | 0845 686 0608 |  |
| Superdrug (One telephone number to use or book online) | 65-67 Mander Square, Wolverhampton WV1 3NN | 0203 5880 293 | onlinedoctor.superdrug.com |
|  | 12-13 Dean Street, The Telford Shopping Centre, Telford TF3 4BT |  |  |
| Lloyds Pharmacy Online Doctor |  |  | onlinedoctor.lloydspharmacy.com |
| Vaccinating store locations | Lower Green Health Centre, Tettenhall, Wolverhampton WV6 9LL | 01902 444565 |  |
|  | 6 The Parade, Donnington, Telford TF2 8EB | 01952 605441 |  |
|  | 181 Wednesfield Road, Heath Town, Wolverhampton WV10 0EN | 01902 456286 |  |
| Boots(Online booking) |  |  | www.boots.com |
| MASTA  (Medical Advisory Service for Travellers Abroad) | MASTA Travel Clinic PertonLloyds Pharmacy, 2-3 Anders Square, Perton, Wolverhampton WV6 7QH | 0330 100 4106 | www.masta-travel-health.com |
|  | Beaconside Health Centre, Weston Road, Stafford ST18 0BF | 0330 100 4310 |  |
|  | Travel Clinic, Yew Tree Medical Centre, 100 Yew Tree Lane, Solihull, West Midlands B91 2RA | 0330 100 4303 |  |
| NomadBirmingham Travel Clinic | Piccadilly Arcade, 105 New Street, Birmingham B2 4EU | 01341 555 061 | www.nomadtravel.co.uk |
| MOHS Workplace Health | 83 Birmingham Road, West Bromwich B70 6PX | 0121 601 4041 | www.mohs.co.uk |

**FOR OFFICIAL USE**

**Patient Name : Travel risk assessment performed : Yes/No**

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| Travel vaccines recommended for this trip |
| Disease protection | Yes | No | Further information |
| Hepatitis A |  |  |  |
| Hepatitis B |  |  |  |
| Typhoid |  |  |  |
| Cholera |  |  |  |
| Tetanus |  |  |  |
| Dipetheria |  |  |  |
| Polio |  |  |  |
| Meningitis ACWY |  |  |  |
| Yellow Fever |  |  |  |
| Japanese B Encephalitis |  |  |  |
| Rabies |  |  |  |
| Other |  |  |  |

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| **Malaria prevention advice and malaria chemoprophylaxis** |
| Chloroquine and proguanil |  | Atovaquone + proguanil (Malarone) |  |
| Chloroquine |  | Mefloquine |  |
| Doxycycline |  | Malaria advice leaflet given |  |
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|  |  |  |  |
| **Travel advice and leaflets** |  |  |  |
| Food, water and personal hygiene advice |  | Blood and bodily fluid infection risks |  |
| Insect bite prevention |  | Animal bites |  |
| Travellers’ diarrhoea |  | Accidents |  |
| Insurance |  | Air travel |  |
| Sun and heat protection |  | Websites |  |
| Travel record card supplied |  | Other |  |
|  |  |  |  |

Further information : e.g. weight of child

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**SIGNED BY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  After completion scan form into patient’s record for evidence of best practice.