## TRAVEL RISK ASSESSMENT FORM - ideally to be completed by traveller prior to appointment.

| Date of birth:   Male  | Name:                                   |           |                       | Y         | Your country of origin:       |                  |        |    |                |
|--|---|-----------|-----------------------|-----------|-------------------------------|------------------|--------|----|----------------|
| Email:    Telephone number:   Mobile number:   Mobile number:  |   |           |                       | С         | Date of birth:                |                  |        |    |                |
| PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW  Date of departure:  COUNTRY TO BE VISITED  EXACT LOCATION OR REGION  CITY OR RURAL  CITY OR RURAL  LENGTH OF STAY  LENGTH OF STAY  CITY OR RURAL  LENGTH OF STAY  LENGTH OF STAY  Additional information  Basichapacking  Additional information  Business trip  Cruise ship trip  Camping/hostels  Expatriate  Safari  Additional information  Diving  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  PRESS NO  DETAILS  Are you fit and well today  Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anapemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Diabetes  Diabetes  Diabetes  Gastrointestinal (stomach) complaints  Liver and or Kidney problems  HIV/AIDS  |   |           |                       | N         | Male   Female                 |                  |        |    |                |
| Date of departure:  Total length of trip:  COUNTRY TO BE VISITED  1. COUNTRY TO BE VISITED  2. COUNTRY TO BE VISITED  3. COUNTRY TO BE VISITED  4. COUNTRY TO BE VISITED  5. COUNTRY TO BE VISITED  6. COUNTRY TO BE VISITED  7. COUNTRY TO BE VISITED  8. COUNTRY TO BE VISITED  9. COUNTRY TO BE VISITED  1. COUNTRY TO BE VISITE  1. COUNTRY TO B | E mail:                                 |           |                       | Т         | ele                           | phone            | numbe  | r: |                |
| Date of departure:  Total length of trip:  COUNTRY TO BE VISITED 1.  |   |           |                       |           |                               |                  |        |    |                |
| COUNTRY TO BE VISITED   EXACT LOCATION OR REGION   CITY OR RURAL   LENGTH OF STAY    1.  | PLEASE SUPPLY INFORM                    | 1ATION    | ABOUT YOUR            |           |                               |                  |        |    |                |
| 1. 2. 3. Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future?  TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY    Holiday  |   |           |                       |           |                               |                  |        |    |                |
| 2.  3.   | COUNTRY TO BE VISITED                   |           | EXACT LOCAT           | ION OR    | N OR REGION CITY OR RURAL LEN |                  |        |    | LENGTH OF STAY |
| 3.  Have you taken out travel insurance for this trip?  Do you plan to travel abroad again in the future?  TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY    Holiday  | 1.                                      |           |                       |           |                               |                  |        |    |                |
| Have you taken out travel insurance for this trip?  Do you plan to travel abroad again in the future?  TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY    Holiday  | 2.                                      |           |                       |           |                               |                  |        |    |                |
| Do you plan to travel abroad again in the future?  TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY    Holiday  | 3.                                      |           |                       |           |                               |                  |        |    |                |
| TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY    Holiday   | Have you taken out trav                 | el insura | nce for this tr       | ip?       |                               |                  | 1      |    |                |
| Holiday  | ,                                       |           |                       |           |                               |                  |        |    |                |
| □ Business trip □ Cruise ship trip □ Camping/hostels □ Expatriate □ Safari □ Adventure □ Volunteer work □ Pilgrimage □ Diving □ Healthcare worker □ Medical tourism □ Visiting friends/family  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  YES NO DETAILS  Are you fit and well today  Any allergies including food, latex, medication Severe reaction to a vaccine before  Tendency to faint with injections Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS   | TYPE OF TRAVEL AND P                    | URPOSE    | OF TRIP - PLI         | EASE TIC  | CK A                          | LL THA           | T APPI | LY |                |
| □ Expatriate □ Safari □ Adventure □ Volunteer work □ Pilgrimage □ Diving □ Healthcare worker □ Medical tourism □ Visiting friends/family  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  YES NO DETAILS  Are you fit and well today  Any allergies including food, latex, medication Severe reaction to a vaccine before  Tendency to faint with injections  Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS   | □ Holiday                               | □ Stay    |                       |           |                               | onal information |        |    |                |
| □ Volunteer work □ Pilgrimage □ Diving □ Healthcare worker □ Medical tourism □ Visiting friends/family  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  YES NO DETAILS  Are you fit and well today Any allergies including food, latex, medication Severe reaction to a vaccine before  Tendency to faint with injections Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  | □ Business trip                         | □ Crui    | Cruise ship trip      |           |                               | ng/hostels       |        |    |                |
| Healthcare worker   Medical tourism   Visiting friends/family  PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  YES NO DETAILS  Are you fit and well today  Any allergies including food, latex, medication Severe reaction to a vaccine before  Tendency to faint with injections  Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  | □ Expatriate                            | □ Safa    | □ Safari □ Advent     |           |                               | ture             |        |    |                |
| PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY  YES NO DETAILS  Are you fit and well today Any allergies including food, latex, medication Severe reaction to a vaccine before Tendency to faint with injections Any surgical operations in the past, including e.g. your spleen or thymus gland removed Recent chemotherapy/radiotherapy/organ transplant Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  | □ Volunteer work                        | □ Pilg    | ☐ Pilgrimage ☐ Diving |           |                               |                  |        |    |                |
| Are you fit and well today Any allergies including food, latex, medication Severe reaction to a vaccine before Tendency to faint with injections Any surgical operations in the past, including e.g. your spleen or thymus gland removed Recent chemotherapy/radiotherapy/organ transplant Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  | ☐ Healthcare worker                     |           |                       |           |                               |                  |        |    |                |
| Are you fit and well today Any allergies including food, latex, medication Severe reaction to a vaccine before Tendency to faint with injections Any surgical operations in the past, including e.g. your spleen or thymus gland removed Recent chemotherapy/radiotherapy/organ transplant Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  | PLEASE SUPPLY DETAILS                   | OF YOU    | JR PERSONAL           | MEDICA    | AL H                          | HISTOR           | Υ      |    |                |
| Any allergies including food, latex, medication  Severe reaction to a vaccine before  Tendency to faint with injections  Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS  |   |           |                       |           | П                             | YES              | NO     | ı  | DETAILS        |
| Severe reaction to a vaccine before  Tendency to faint with injections  Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS   | Are you fit and well toda               | ny        |                       |           |                               |                  |        |    |                |
| Tendency to faint with injections  Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS  |   |           |                       |           |                               |                  |        |    |                |
| Any surgical operations in the past, including e.g. your spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS   |   |           |                       |           |                               |                  |        |    |                |
| spleen or thymus gland removed  Recent chemotherapy/radiotherapy/organ transplant  Anaemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS  |   | -         |                       |           |                               |                  |        |    |                |
| Recent chemotherapy/radiotherapy/organ transplant Anaemia Bleeding /clotting disorders (including history of DVT) Heart disease (e.g. angina, high blood pressure) Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS   |   | •         |                       | e.g. your |                               |                  |        |    |                |
| Anaemia  Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS   |   |           |                       |           |                               |                  |        |    |                |
| Bleeding /clotting disorders (including history of DVT)  Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS  |   |           |                       |           |                               |                  |        |    |                |
| Heart disease (e.g. angina, high blood pressure)  Diabetes  Disability  Epilepsy/seizures  Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS   |   |           |                       |           |                               |                  |        |    |                |
| Diabetes Disability Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  |   |           |                       |           |                               |                  |        |    |                |
| Epilepsy/seizures Gastrointestinal (stomach) complaints Liver and or kidney problems HIV/AIDS  | , |           |                       |           |                               |                  |        |    |                |
| Gastrointestinal (stomach) complaints  Liver and or kidney problems  HIV/AIDS  | Disability                              |           |                       |           |                               |                  |        |    |                |
| Liver and or kidney problems  HIV/AIDS   |   |           |                       |           |                               |                  |        |    |                |
| HIV/AIDS STATE OF THE PROPERTY | , , ,                                   |           |                       |           |                               |                  |        |    |                |
|  | • •                                     |           |                       |           | $\downarrow$                  |                  |        |    |                |
|  | HIV/AIDS  Immune system condition       |           |                       |           | $\dashv$                      |                  |        |    |                |

|  | YES | NO | DETAILS |  |
|--|-----|----|---------|--|
| Mental health issues (including anxiety, depression)   |     |    |         |  |
| Neurological (nervous system) illness  |     |    |         |  |
| Respiratory (lung) disease   |     |    |         |  |
| Rheumatology (joint) conditions  |     |    |         |  |
| Spleen problems  |     |    |         |  |
| Any other conditions?  |     |    |         |  |
| Women only   |     |    |         |  |
| Are you pregnant?  |     |    |         |  |
| Are you breast feeding?  |     |    |         |  |
| Are you planning pregnancy while away?   |     |    |         |  |
| Have you undergone FGM / been cut / circumcised  |     |    |         |  |
|  |     |    |         |  |
| Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)? |     |    |         |  |
|  |     |    |         |  |

| Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)? |  |  |  |  |  |
|--|--|--|--|--|--|
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| PLEASE SUPPLY INFORMATION    | ON ANY VACCINES OR MALAF | RIA TABLETS TAKEN IN THE PAST |
|------------------------------|--------------------------|-------------------------------|
| Tetanus/polio/diphtheria     | MMR                      | Influenza                     |
| Typhoid                      | Hepatitis A              | Pneumococcal                  |
| Cholera                      | Hepatitis B              | Meningitis                    |
| Rabies                       | Japanese<br>encephalitis | Tick borne encephalitis       |
| Yellow fever                 | BCG                      | Other                         |
| COVID-19 (dates, brand etc.) |                          | ,                             |
| Malaria Tablets              |                          |                               |

| Any additional information |  |  |
|----------------------------|--|--|
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Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

<sup>1.</sup> Chiodini J, Boyne L, Grieve S, Jordan A. (2007) Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine. RCN, London.

<sup>2.</sup> Field VK, Ford L, Hill DR, eds. (2010) Health Information for Overseas Travel. National Travel Health Network and Centre, London, UK.