

Dr Duggleby and Partners at Stokesley Health Centre

Travel Risk Assessment form

Personal Details

Name:

Sex: Male Female

Date of Birth:

Contact No:

Dates of Trip

Departure:

Duration:

Itinerary:

Countries to be visited

Duration

Availability of medical help

Trip Description

Purpose of trip: Business Pleasure Other

Holiday Type: Package Camping Cruise
Backpacking Self Organised Trekking

Accommodation: Hotel Friends/Family Other

Travelling: Alone Family/Friend Group

Location Type: Urban Rural Altitude

Planned Activities: Safari Adventure Other

Personal Medical History

Please list all medical conditions that you have (e.g. diabetes, heart or lung conditions)

Please list any current medications (including oral contraception)

Do you suffer from any allergies? (E.g. eggs/nuts/antibiotics)

No Yes If yes what?

Have you ever had a serious reaction to a vaccine before?

No Yes If yes which vaccine?

Does having an injection cause you to feel faint?

No Yes

Do you or any family members have epilepsy?

Do you have any history of mental illness including depression or anxiety?

Have you recently undergone chemotherapy/radiotherapy/steroid treatment? – Please circle

WOMEN ONLY: Are you pregnant/planning a pregnancy /breast feeding? – Please circle

Have you taken out medical insurance and informed them of any medical conditions?

Please write below any other information you feel maybe relevant:

Patient of signature:

Date: