Travel Risk Assessment Form - To be completed prior to appointment

Minimum of 6 weeks prior to travel date.

Name:	Date of Birth:	Male: Female:	
Home number:	Mobile numbers:		

Please provide information about your trip below -

Departure Date:	Total Length of stay :

Country	Location	City/Rural	Length of stay

Travel purposes - Please tick all that apply

Holiday		Hotel		Backpacking	
Business		Cruise		Camping	
Expatriate		Safari		Adventure	
Volunteer		Pilgrimage		Diving	
Healthcare work		Medical Tourism		Visiting family/friends	

	Yes	No		Yes	No
Fit and well today			Anaemia/Bleeding/Clotting Disorder (Including DVT)		
Allergies			Recent chemotherapy/Radiotherapy/Organ Transplant		
severe reaction to vaccine			Liver/Kidney Problems		
Spleen or Thymus removed			HIV/Aids		
Neurological illness			Other immune system problem		
Pregnant/Breast feeding			Planning pregnancy		

Other past medical history/conditions

based on Jane Chiodani

Previous vaccine history. Please provide information on -					
Tetanus		MMR		Influenza	
Typhoid		Hepatitis A		Pneumoccoccal	
Cholera		Hepatitis B		Meningitis	
Rabies		BCG		Tick borne encephalitis	
Yellow Fever		Japanese encephalitis		Other	
Malaria					
Do you think you will require additional vaccines which may incurr a charge?					
Yes		No			

Details of how to pay: Payment can be made of the appointment or date of the first vaccination by cash or cheque. Cheques to be made payable to Littlewick Medical Centre and handed in at reception. **We do not allow payments by credit or debit card.**

.....FOR ADMIN USE ONLY

Vaccines or antimalarias required	Schedule	Needs booking by…

Please indicate a convenient time to be contacted by telephone: