

# BALLYMONEY FAMILY PRACTICE

## Travel Risk Assessment Form

Please complete this form prior to your travel appointment and return either directly to reception or e-mail to [Reception.200345@gp.hscni.net](mailto:Reception.200345@gp.hscni.net). You will be contacted in due course by Nurse Belinda Clarke who will arrange for you to have your vaccines completed.

It is important to note:

- Some vaccines are not covered by the NHS and you may incur a charge at your local pharmacy
- You must leave sufficient time to have your vaccines before travelling

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

Date form completed: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Return date or overall length of trip: \_\_\_\_\_

Countries to be visited (please also list the exact areas within the countries)	Length of stay	Away from medical help at destination, if so, how remote?

*If more than 5 countries to be visited - please continue list overleaf.*

Do you smoke?      Yes       No

If yes, how many do you smoke a day? \_\_\_\_\_

Do you drink alcohol?      Yes       No

If yes, how many units per week? \_\_\_\_\_

**Please circle as appropriate below to best describe your trip:**

<b>1. Type of trip:</b>	Business	Pleasure	Other
<b>2. Holiday Type:</b>	Package	Self-organised	Backpacking
	Camping	Cruise Ship	Trekking
<b>3. Accommodation:</b>	Hotel/resort	Relatives	Other
<b>4. Travelling:</b>	Alone	With Family/friend	In a group
<b>5. Staying in area which is:</b>	Urban	Rural	Altitude
<b>6. Planned activities:</b>	Safari	Adventure	Other

**Personal Medical History**

**Do you have any recent or past medical history of note?** *(Including diabetes, heart or lung conditions, and thymus disorder):*

**Any recent infections, flu, high temperatures or recent Covid infection?**

**List any current or repeat medications:**

**Do you have any allergies for example to eggs, antibiotics, nuts?**

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

**Any malarial tablets in the past & any side effects?**

**Does having an injection make you feel faint?**

**Do you or any close family members have epilepsy?**

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

**Have you recently undergone radiotherapy, chemotherapy or steroid treatment?**

**Women only: Are you pregnant or planning pregnancy or breastfeeding?**

**Have you taken out travel insurance and if you have a medical condition, informed the insurance company about his?**

**Please write below any further information which may be relevant:**

## VACCINATION HISTORY

Have you ever had any of the following vaccinations/malaria tablets that we do not know about and if so when?

<b>Tetanus</b>		<b>Polio</b>		<b>Diphtheria</b>	
<b>Typhoid</b>		<b>Hepatitis A</b>		<b>Hepatitis B</b>	
<b>Meningitis</b>		<b>Yellow Fever</b>		<b>Influenza</b>	
<b>Rabies</b>		<b>Jap B Enceph</b>		<b>Tick Borne</b>	
<b>Other</b>					
<b>Malaria Tabs</b>					