

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. 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:

1. Type of trip:	Business	Pleasure	Other
2. Holiday Type:	Package	Self-organised	Backpacking
	Camping	Cruise Ship	Trekking
3. Accommodation:	Hotel/resort	Relatives	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, 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?

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