

Travel Risk Assessment Form



Please complete this travel questionnaire in full and return it to the practice. A practice nurse will be in touch with you in due course. (Please ensure your details below are correct)

Name:	Date of birth:
Address:	Telephone:
	Email:

Have you arranged your medical insurance?

Departure Date:	Total length of trip:
Return Date:	

Country/ Destinations	Region	Length of stay
1.		
2.		
3.		
4.		
5.		
6.		

Purpose of trip:	Please Tick
Pilgrimage	
Visiting friends and family	
Adventure / Gap year	
Aid work / Emergency response	
Business / work trip	
Charity / Volunteer	
Cruise	
Diving	
Health Worker	
Holiday	
Long term/ Expatriate	
Medical Treatment	
Other	

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Medical History		
Please tick either the “Yes” or “No” answer box. If you answer yes to any of the questions, please give dates and full details overleaf.		
	Yes	No
Do you have, or have you had any serious illness, disability or mobility problem?		
Are you receiving regular treatment or follow up with your GP/Hospital specialist?		
Have you had any hospital admissions?		
Have you ever had any surgery?		
Do you have any allergies?		
Have you had any travel related illness/injury which required assessment/ treatment in hospital?		
Do you have a condition which may be affected by travel?		
Do you have any specific health concerns regarding your proposed trip?		
Have you ever experienced any mental health issues, even mild anxiety or depression?		

Please record any previous travel vaccinations that you have had (if known):

Women Only:

Are you pregnant, breastfeeding, or planning a pregnancy whilst travelling?

Yes

No

Please hand this completed form in at reception or email it to west.road@nhs.net