

**Travel Health Assessment Form**

Please complete page 1 & 2 prior to your travel appointment and bring all 3 pages to the Travel Nurse.

**Personal details**

Name:

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Date of Birth: Male [ ] Female [ ]

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Easiest contact telephone number:

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E.mail:

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**Date of Departure**.....

**Overall length of trip**.....

**Itinerary and purpose of visit**

Country to be visited

Length of stay

Away from medical help at destination?

If so, how remote? Urban or Rural?

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1.

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2.

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3.

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4.

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5.

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6.

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**Please circle the factors that best describe your trip**

1. *Type of trip* Business Pleasure Other

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2. *Holiday type* Package Self-organised Backpacking  
Camping Cruise ship Trekking

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3. *Accommodation* Hotel Relatives/family home Other.....

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4. *Travelling* Alone With family/friend In a group

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5. *Staying in area which is* Urban Rural Altitude

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6. *Planned activities* Safari Adventure Other

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**Personal medical history**

Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, thymus disorder.

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List any current or repeat medications.

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

**Patient Name: Date of Birth:**

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

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Does having an injection make you feel faint?

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Do you or any close family members have epilepsy?

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

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Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

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Women only: Are you pregnant or planning pregnancy or breast feeding?

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Have you taken out travel insurance? If you have a medical condition, have you informed the insurance company about this?

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Please give any further information that may be relevant, including any future travel plans.

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**Vaccination history**

Have you ever had any of the following vaccinations/malaria tablets, and if so, when?

Tetanus/Diphtheria Polio MMR

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Typhoid Hepatitis A Hepatitis B

Meningitis Yellow Fever Influenza

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Rabies Jap B Enceph

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Other

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Malaria tablets

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For discussion when risk assessment is performed within your appointment:  
I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed...

Date