

Please contact the surgery at least 6 - 10 weeks before the expected date of departure with the practice nurse. However, it is a good idea to make an appointment for travel advice/vaccinations, even if it is last minute. Certain travel immunisations are not covered by the NHS and a charge may be levied, see our website for price list or full details are available at the reception. Alternatively you may wish to consider a private health clinic.

It is also advisable for patients to do their own research regarding the country they are visiting.

Recommended websites are: <http://travelhealthpro.org.uk/country-information> and

<http://www.nhs.uk/Conditions/Travel-immunisation/Pages/Introduction.aspx>

Claremont Bank Surgery – Travel Risk Assessment Form

DEPARTURE DATE:	TOTAL LENGTH OF TRIP:
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NAME:	DOB:
ADDRESS:	
MOBILE:	HOME TEL:

****REMEMBER TO ENSURE TO BOOK TRAVEL INSURANCE****

COUNTRY VISITING	LOCATION/REGION	CITY/RURAL	LENGTH OF STAY

TYPE OF TRAVEL AND PURPOSE OF TRIP (please tick all that apply):			
Holiday <input type="checkbox"/>	Staying in hotel <input type="checkbox"/>	Backpacking <input type="checkbox"/>	
Business trip <input type="checkbox"/>	Cruise ship trip <input type="checkbox"/>	Camping/hostels <input type="checkbox"/>	
Expatriate <input type="checkbox"/>	Safari <input type="checkbox"/>	Adventure <input type="checkbox"/>	
Volunteer work <input type="checkbox"/>	Pilgrimage <input type="checkbox"/>	Diving <input type="checkbox"/>	
Healthcare worker <input type="checkbox"/>	Medical tourism <input type="checkbox"/>	Visiting friends/family <input type="checkbox"/>	
ADDITIONAL INFORMATION:			

PLEASE SUPPLY DETAILS OF YOUR MEDICAL HISTORY (please tick Y/N):			
	YES	NO	Details
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			



ADMIN MEMBER WHO RECEIVED FORM +DATE RECEIVED	
DATE OF PATIENTS APPOINTMENT	
NURSE WHO PATIENT IS BOOKED TO SEE	
NURSE WHO HAS REVIEWED FORM	

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	YES	NO	Details
Recent chemotherapy/radiotherapy/ organ transplant			
Anaemia			
Bleeding/ clotting disorders (including DVT history)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy / seizures			
Gastrointestinal (stomach) complaints			
Liver or kidney problems			
HIV/ AIDS			
Immune system condition			
Mental health issues (anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions			
Are you pregnant			
Are you breast feeding			
Are you planning pregnancy while away			

ARE YOU CURRENTLY TAKING ANY MEDICATION (including prescribed, purchased or a contraceptive pill):

*	*	*
*	*	*
*	*	*



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PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST:					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese Encephalitis		Tick Bourne Encephalitis	
Yellow fever		BCG		Malaria tablets	
Other:					

ADDITIONAL:



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