

WOLVERTON HEALTH CENTER TRAVEL RISK ASSESSMENT FORM

Please complete this form prior to your travel appointment and return to RECEPTION

Personal details	
Name:	Date of birth:
	Male () Female ()
Easiest contact telephone number:	
Date of departure:	
Return date or 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?
1.		
2.		
3.		

Please tick 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		Relatives/ Family home		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	

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For Office Use only:

Patient name:

Travel risk assessment performed

Yes () No ()

TRAVEL VACCINES RECOMMENDED FOR THIS TRIP

Disease protection	Yes	No	NON NHS VACCINES
Hepatitis A			
Hepatitis B for Adults Hepatitis B for Children			3 doses 3 doses
Typhoid			
Cholera			
Tetanus			
Diphtheria			
Polio			
Meningitis ACWY			
Yellow Fever			From Travel Clinic
Rabies			From Travel Clinic
Japanese B Encephalitis			From Travel Clinic
Other			

TRAVEL ADVICE OR LEAFLETS GIVEN

Food water and personal hygiene advice		Travellers diarrhoea		Hepatitis B and HIV	
Insect bite prevention		Animal bites		Accidents	
Insurance		Air travel		Sun and heat protection	
Websites: Fitfortravel: Nathnac; Malariahotspots		Travel Record Card Supplied		Other	

MALARIA PREVENTION ADVICE AND MALARIA CHEMOPROPHYLAXIS

Chloroquine and Proguanil		Atovaquone + Proguanil (Malarone)	
Chloroquine		Mefloquine	
Doxycycline			

FURTHER INFORMATION

e.g. Weight of child etc.

Signed by:	Position:	Date:

