

Corbridge Health Centre is committed to helping you travel safely. In order to achieve this we need you to complete the attached risk assessment form and return it to the practice as soon as possible.

The Practice Nurse needs **at least 3 weeks** before you are seen to perform a risk assessment before deciding which vaccines are recommended, what advice will best address your needs and, where necessary, order any vaccines required. **She will then contact you to arrange an appointment.**

When recording the country/countries to be visited please be very specific about the areas you will visit during your stay. For example, if you are visiting India you must list all of the places you are visiting eg Jaipur, Goa etc.

You should also note that the cost of some holiday vaccinations is not covered by the NHS so we will make a charge. Please see the attached price list for **current charges. These are provided as a guide and may be subject to change.**

Payment must be made in advance of the vaccinations being given.

Payments can be made by cash, cheque or credit card.

Alternatively you can contact the following private travel clinics for travel advice and vaccinations if there is insufficient time for you to complete the travel form or we are unable to offer you a suitable appointment:

Superdrug Northumberland Street Newcastle 0191 260 3190

Boots Eldon Square Newcastle 0330 100 4272

Boots Metro Centre 0191 493 2055

Premier Health Regent Centre Gosforth 0191 605 3140

**CORBRIDGE HEALTH CENTRE**

**TRAVEL RISK ASSESSMENT FORM**

|  |  |
| --- | --- |
| Name: | Date of Birth |
| Address | □ Male □ Female |
| Telephone Number |
| e-mail address | Mobile Number |

**Information about your Trip**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Departure:** | | | | | **Total length of Trip:** | | | |
| **Country to be visited Exact location/region City or rural Length of stay** | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| Have you taken out travel insurance for this trip? □ Yes □ No | | | | | | | | |
| Do you plan to travel aboard again in the future? □ Yes □ No | | | | | | | | |
| **Type of travel and purpose of the trip – Please tick all that apply** | | | | | | | | |
| □ Holiday | □ Staying in a hotel | | □ Backpacking | | | | Additional Information | |
| □ Business trip | □ Cruise ship trip | | □ Camping/hostels | | | |
| □ Expatriate | □ Safari | | □ Adventure | | | |
| □ Volunteer work | □ Pilgrimage | | □ Diving | | | |
| □ Health care worker | □ Medical tourism | | □ Visiting friends/family | | | |
| **Please supply details of your personal medical history** | | | | | | | | |
|  | | | | **Yes** | | **No** | **Details** | |
| Any allergies including food, latex or medication? | | | |  | |  |  | |
| Any severe reaction to vaccines in the past? | | | |  | |  |  | |
| Tendency to faint with injections? | | | |  | |  |  | |
| Any surgical operations in the past including eg. Your spleen or thymus gland removed | | | |  | |  |  | |
| Recent Chemotherapy / Radiotherapy / Organ transplant | | | |  | |  |  | |
| HIV / AIDS? | | | |  | |  |  | |
| Immune system conditions? | | | |  | |  |  | |
| **For females only** | | | |  | |  |  | |
| Are you pregnant? | | | |  | |  |  | |
| Are you breast feeding? | | | |  | |  |  | |
| Are you planning pregnancy while you are away? | | | |  | |  |  | |
| **Please list any medication you are currently taking (including prescribed, purchased or contraceptive pill)?** | | | | | | | | |
|  | | | | | | | | |
| **Please supply information on any vaccines or malaria tablets taken in the past with dates if possible (particularly if these were not supplied by Corbridge Medical Group)** | | | | | | | | |
| Tetanus/Polio/Diphtheria | | MMR | | | | | | Influenza |
| Typhoid | | Hepatitis A | | | | | | Pneumococcal |
| Cholera | | Hepatitis B | | | | | | Meningitis |
| Rabies | | Japanese Encephalitis | | | | | | Tick borne Encephalitis |
| Yellow Fever | | BCG | | | | | |  |
| Malaria tablets | | Any other | | | | | | |
| **Any additional information** | | | | | | | | |
|  | | | | | | | | |

**Thank you – Please submit form to the Practice**

**Part B – Travel Risk Management**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For health professional use only in conjunction with Travel Risk Assessment Form - Part A** | | | | | | | |
| Patient name: DOB: EMIS No. | | | | | | | |
| Childhood immunisation history checked: | | | | | | | |
| Additional Information: | | | | | | | |
| **National database consulted** for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required)  NaTHNac: TRAVAX: Other: | | | | | | | |
| **Disease protection advised** | **Yes** | **Disease protection advised** | | | **Yes** | **Malaria chemoprophylaxis**  **Recommendation** | **Yes** |
| BCG/Mantoux |  | Influenza | | |  | Atovaquone/Proguanil |  |
| Cholera |  | Meningitis ACWY | | |  | Chloroquine only |  |
| Dip/Tetanus/Polio |  | MMR | | |  | Chloroquine and Proguanil |  |
| Hepatitis A |  | Rabies | | |  | Doxycycline |  |
| Hepatitis B |  | TBE | | |  | Mefloquine |  |
| Hepatitis A + B |  | Typhoid | | |  | Proguanil only |  |
| Hepatitis A + Typhoid |  | Yellow Fever | | |  | Emergency stand by |  |
| Japanese Encephalitis |  | Other | | |  | Weight of child: |  |
| **Vaccine and General travel Advice required / provided** | | | | | | | |
| Potential side effects of vaccines discussed  □ Yes □ No | | | | | | | |
| Patient information leaflet (PIL) from packaging or from [www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/) given □ Yes □ No | | | | | | | |
| Patient consent for vaccinations obtained: □ Verbal □ Written | | | | | | | |
| Post vaccination advice given □ Verbal □ Written | | | | | | | |
| General travel advice leaflet given (all topics below in the surgery / clinic advice leaflet) and patient asked to read entire leaflet due to insufficient time to advise verbally on every topic: □ Yes □ No | | | | | | | |
| **Items ticked below indicate topics specifically covered within the consultation** | | | | | | | |
| Prevention of accidents | | |  | Mosquito bite protection | | |  |
| Personal safety and security | | |  | Malaria prevention advice | | |  |
| Food and water borne risks | | |  | Medical preparation | | |  |
| Travelers’ diarrhoea advice | | |  | Sun and Heat advice | | |  |
| Sexual health and blood borne virus risk | | |  | Journey and transport advice | | |  |
| Rabies specific advice | | |  | Insurance advice | | |  |
| **Other specific specialised advice / information given on:**  eg smoking advice for a long haul flight, altitude advice, prevention of schistosomiasis etc.  Source of advice used for other information: □ NaTHNac: □ TRAVAX: □ Other:  OR  No additional specialised advice given □ | | | | | | | |