**3W Health**

**TRAVEL RISK ASSESSMENT FORM**

Please complete this form and return to the surgery at least 6 weeks before your departure either by dropping it at your local surgery or emailing it to [3whealth.secretaries@nhs.net](mailto:3whealth.secretaries@nhs.net)

A nurse will assess the completed form and you will be contacted to let you know if you need a face-to-face appointment or a telephone call.

The website used to assess your vaccination needs is- [*www.travelhealthpro.org.uk*](http://www.travelhealthpro.org.uk)*.*

This resource is accessible to the general public and provides the most up-to-date travel advice.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | Your country of origin: | | | | | |
| Date of birth: | | | | | |
| Male □ Female □ | | | | | |
| E mail: | | Telephone number:  Mobile number: | | | | | |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** | | | | | | | |
| Date of departure: | | Total length of trip: | | | | | |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION** | | | | **CITY OR RURAL** | | **LENGTH OF STAY** |
| 1. |  | | | |  | |  |
| 2. |  | | | |  | |  |
| 3. |  | | | |  | |  |
| Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future? | | | | | | | |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY**  □ Holiday □ Staying in hotel □ Backpacking  □ Business trip □ Cruise ship trip □ Camping/hostels  □ Expatriate □ Safari □ Adventure  □ Volunteer work □ Pilgrimage □ Diving  □ Healthcare worker □ Medical tourism □ Visiting friends/family  ##### | | | | | | | |
| **Please answer the following questions** | | | | | | | |
|  | | | **YES** | **NO** | | **DETAILS** | |
| Any allergies including food, latex, medication? | | |  |  | |  | |
| Severe reaction to a vaccine before? | | |  |  | |  | |
| Tendency to faint with injections? | | |  |  | |  | |
| Are you taking over the counter/illicit/herbal medications? | | |  |  | |  | |
| Vaccines given at a private travel clinic? | | |  |  | |  | |
| Have you had any chest surgery? | | |  |  | |  | |
| **Women only** | | |  |  | |  | |
| Are you pregnant/planning pregnancy? | | |  |  | |  | |
| Are you breast-feeding? | | |  |  | |  | |

**Any additional information**

Form based on by Jane Chiodini © updated 2018

Adapted by Michelle Little – May 2020

Updated by Carole Nolan – September 2024