

Risk Assessment Form

Pre-Travel consultation

Note for Health Professionals: Special risk Identifiers highlighted in BLACK and BOLD below. See Special Risks Section 3

For completion by the traveller: All information is treated as confidential

Name:	Date of birth:	
Address:	Telephone:	Email:

Travel Details (Check atlas and country-specific online resources eg. www.nathnac.org ¹)		
Date of Travel:	Total length of travel:	
Country	Region	Length of stay
1.		
2.		
3.		
4.		
5.		
6.		

Do you have travel health insurance Yes No

Purpose of trip (circle all that apply) **Tourism Business (< 1 month)**

Adventure | Cruise | Diving | Healthcare worker | Long-term (backpacker/expatriate/volunteer/work)
 Medical tourism | Natural disasters | Pilgrimage | Visiting friends & relatives (VFRs)

Medical History

Are you well today? Yes No

Do you take any medicines/pills? Yes No
 (Prescribed/self-treatment/over-the-counter, including contraception).

Please list all medication:

Do any of the following apply to you:

	Yes	No	Details
Allergies (including food, latex, medication etc.)			
Anaemia			
Bleeding/ clotting disorders (including deep vein thrombosis)			
Heart disease (eg angina, high blood pressure)			
Diabetes			
Disability			
Epilepsy/ seizures			
Gastrointestinal (stomach) complaints			
Liver problems			
HIV/ AIDS			
Immune system condition			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Kidney Problems			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions			










Women only:

Date of last period?

Are you pregnant, breastfeeding or planning pregnancy whilst travelling ? Yes No

1 Alternative see Travax <http://www.travax.nhs.uk/> or Fit for Travel <http://www.fitfortravel.nhs.uk/>

Risk Management Checklist

For Health Professional Use		
	Discussed (✓)	Comments
 1. Medical Preparation		
 2. Journey Risks		
 3. Safety Risks		
 4. Environmental Risks		
 5. Food and Water-borne Risks		
 6. Vector-borne Risks		
 7. Air-borne Risks		
 8. Sexual Health and Blood-borne Viral Risks		
 9. Skin Health		
 10. Psychological Health		

Travel vaccine/s	Date (s) received	Vaccine discussed/recommended	Administration details: date immunisation site, manufacturer, batch number and administrator (eg initials)
BCG			
Mantoux			
Cholera			
Diphtheria/ Tetanus/ Polio			
Hepatitis A			
Hepatitis B			
Hepatitis A/B			
Hepatitis A/ Typhoid			
Japanese Encephalitis			
Influenza			
Meningitis ACWY			
MMR			
Rabies			
TBE			
Typhoid			
Yellow Fever			
Other			
Antimalarials		✓	Comments
Atovaquone/ Proguanil			
Chloroquine			
Doxycycline			
Mefloquine			
Proguanil			
Bite avoidance only			
Emergency standby			
Other Advice			