



The Oaks Medical Centre
Dr Laurance • Dr Johns • Dr Burns • Mrs Swanson
20 Villa Street, Beeston, Nottingham NG9 2NY • Tel: 0115 9254 566

Date Issued:

Date Returned:

Travel Risk Assessment Form

Name:	Date of Birth:
Address:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Email:	Telephone Numbers: Landline: Mobile:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW:

Date of Departure:	Total Length of Trip:
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Country to be visited	Exact location/region	City or Rural	Length of stay

Have you taken out travel insurance for this trip?
Do you plan to travel abroad again?

Type of travel & purpose of trip-please tick all that apply; <input type="checkbox"/> Holiday <input type="checkbox"/> Staying in a 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 <i>Additional Information:</i>

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY:

	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Have you had a severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past including spleen or thymus gland removed			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart disease (e.g angina, high blood pressure)			
Diabetes			

Disability			
Epilepsy/seizures			
Gastrointestinal (stomach) complaints			
Liver and/or kidney problems			
HIV/AIDS			
Immune system conditions			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) disorders			
Spleen problems			
Any other conditions			

WOMEN ONLY	YES	NO	DETAILS
Are you pregnant?			
Are you breast feeding?			
Are you planning a pregnancy while away?			

Are you currently taking any medications (including prescribed, purchased or a contraceptive pill)?

PLEASE SUPPLY INFORMATINO 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 Borne Encephalitis
Yellow Fever	BCG	Other
Malaria Tablets		

Any additional information:



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OAKS MEDICAL CENTRE TRAVEL VACCINATION RISK FORM & INFORMATION

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The NHS provides the following vaccinations free of charge:

- ❖ Diphtheria
- ❖ Tetanus
- ❖ Polio
- ❖ Typhim
- ❖ Hepatitis A

YOU MUST COMPLETE THE TRAVEL FORM AND RETURN IT A MINIMUM 6 WEEKS BEFORE DEPARTURE

Our nurse will then check your records and advise if you require any of the above NHS vaccinations (or if you have already had them previously)

At the Oaks we DO NOT offer a full travel clinic.

It is therefore your responsibility to check which further vaccinations, if any, you may require and contact a private travel clinic to arrange them.

We recommend you use the following;

Websites:

Travax - www.travax.nhs.uk

Fit for Travel - www.fitfortravel.nhs.uk

Travel Clinics:

Travel Doc, Regent Street, Notts **0800 583 3331**

Grewals Pharmacy, Chilwell, Notts **0115 925 3034**

Please complete the travel form on the next page and return it to the surgery.

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