

**OAKLEY AND OVERTON PARTNERSHIP**

**TRAVEL RISK ASSESSMENT FORM**

**Please complete and return this form at least 6 weeks before you travel.**

**Personal details**

Name:

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Date of birth:

Male [ ] Female [ ]

Contact telephone number:

Mobile Number:

Permission to leave messages: Yes [ ] No [ ]

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**Dates of trip**

Date of departure:

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Return date or overall length of trip:

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**Itinerary and purpose of visit**

Country to be visited (and Area)

Length of stay

Holiday type

A – Hotel or s/c

B – Safari

C – Backpacking

D – Cruise

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1.

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2.

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3.

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**Personal medical history**

Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, tumors or cancers. Or are you immunosuppressed.

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List any current or repeat medications

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Do you have any allergies for example to eggs, antibiotics, nuts?

Have you ever had a serious reaction to a vaccination?

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Does having an injection make you feel faint?

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Do you or any close family members have epilepsy?

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Do you have any history of mental illness including depression or anxiety?

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Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

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Women only: Are you pregnant or planning pregnancy or breast feeding?

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Please give any further information that may be relevant, including any future travel plans.

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**Vaccination History**

Have you ever had any of the following vaccination/malaria tablets, and if so when?

|                |                  |                 |
|----------------|------------------|-----------------|
| Tetanus [ ]    | Polio [ ]        | Diphtheria [ ]  |
| Typhoid [ ]    | Hepatitis A [ ]  | Hepatitis B [ ] |
| Meningitis [ ] | Yellow Fever [ ] | Influenza [ ]   |
| Rabies [ ]     | Jap B Enceph [ ] | Tick Borne [ ]  |

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Malaria tablets

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Other

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For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I consent to the vaccines being given.

*Signed:*

*Date:*

For Admin Use:

Date Travel Pack Given: \_\_\_\_\_

Date Risk Assessment Given \_\_\_\_\_

Date Completed Form Received \_\_\_\_\_

March 2011