

OAKLEY AND OVERTON PARTNERSHIP

TRAVEL RISK ASSESSMENT FORM

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

Personal details

Name:

Date of birth:

Male [] Female []

Easiest contact telephone number:

Email:

Dates of trip

Date of departure:

Return date or overall length of trip:

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

1.

2.

3.

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.

List any current or repeat medications

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

Have you ever had a serious reaction to a vaccination?

Does having an injection make you feel faint?

Do you or any close family members have epilepsy?

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

Have you recently undergone radiotherapy, chemotherapy or steroid treatment?

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

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

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 []

Malaria tablets

Other

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 _____