

### 3W Health TRAVEL RISK ASSESSMENT FORM

Please complete this form and return to the surgery at least 6 weeks prior to departure. A nurse will assess the completed form and you will be contacted and advised 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 is accessible by the general public and is an excellent resource for the most up-to-date travel health advice.

Name:		Your country of origin:	
		Date of birth:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
E mail:		Telephone number:	
		Mobile number:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>			
Date of departure:		Total length of trip:	
<b>COUNTRY TO BE VISITED</b>	<b>EXACT LOCATION OR REGION</b>	<b>CITY OR RURAL</b>	<b>LENGTH OF STAY</b>
1.			
2.			
3.			
Have you taken out travel insurance for this trip?			
Do you plan to travel abroad again in the future?			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY</b>			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>
<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	

Please answer the following questions			
	YES	NO	DETAILS
Have you received your full covid-19 vaccine course?			
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?			
<b>Women only</b>			
Are you pregnant/planning pregnancy?			
Are you breast-feeding?			

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**Any additional information**