

Whaddon Healthcare Travel Risk Assessment Form



Please answer **all** questions fully and return this form to Reception
before booking your travel appointment

Surname:	First name:
Address:	Email:
Date of birth:	Contact telephone no:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP

Stop over: Yes/No	Country of stop over:	Length of stay:	
Country	Exact location or region	Length of stay	City or rural
1.			
2.			
3.			

Type of travel and purpose of trip, tick all that apply

Hotel	Sport/adventure/safari/diving	Business	
Private house	Relaxation/ city sightseeing	Healthcare worker	
Camping /hostel	Back packing/expedition	Medical tourism	
Cruise	Visiting family and friends	Pilgrimage	

Date of departure:	Return date:
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Please supply details of your personal medical history

Blood clotting disorders (history of DVT/PE)	Kidney / Liver disease	Heart Disease (Angina/High blood pressure)	
Insulin Diabetes	Recent chemotherapy/ radiotherapy /organ transplant	Epilepsy/seizures	
Asthma/COPD Respiratory disease	Operations to remove spleen/thymus	Immune system deficiency	
HIV/AIDS	Disability	Cerebrovascular disease	
Mental health issues	Neurological illness	Any other conditions, please state:	

Are you pregnant? Yes/No	Are you planning a Pregnancy? Yes/No
If yes, please give details:	If yes, please give details:

Please state any Allergies including food/ latex/medication:	Tendency to faint with injections: Yes/No
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Vaccination	Date if known		
Cholera			
Diphtheria/Tetanus/polio			
Japanese encephalitis	1 st	2 nd	
Hepatitis A	1 st	2 nd	
Hepatitis B	1 st	2 nd	3 rd
Typhoid			
Yellow fever			
Rabies	1 st	2 nd	3 rd
MMR	1 st	2 nd	
BCG			
Meningitis			

Please list all the tablets and medicines that you are presently taking regularly

Medication	Dose	Medical Condition
1.		
2.		
3.		
4.		
5.		
6.		

Cost Of Non - NHS Vaccine

YELLOW FEVER	£70.00
RABIES (COURSE 3 INJECTION)	£95.00 PER VACCINATION
HEPATITIS B (COURSE 3 INJECTIONS)	£50.00 PER VACCINATION
CHILD HEP B (COURSE OF 3 INJECTIONS)	£40.00 PER VACCINATION
MENINGITIS ACWY	£60.00
CHOLERA (COURSE X2)	£100.00
JAP ENCEPHALITIS (COURSE 2)	£110.00 PER VACCINATION
TICK ENCEPHALITIS	£65.00
MEN B	Not available
VARICELLA CHICKEN POX	POA
SHINGLES	£POA
MALARIA MEDS - DOXYCYCLINE	£32.00 per box (50)
MALARONE	£37.50 per box (12) Child £22.00 per box (12)
EXEMPTION CERTS	£25.00
CONSULTATION ONLY PRIVATE TRAVEL	£40.00
Duplicate certs / Polio / Exemption certs	£30.00

You have a right to privacy under the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act. The Practice needs your personal, sensitive and confidential data in order perform our statutory duties. By signing this form you give the Practice permission to hold this information. Details of how we use your information are available in leaflet form from reception or our website.

Date..... **Signature**.....