

Market Harborough Medical Centre & Husbands Bosworth Surgery

TRAVEL RISK ASSESSMENT

IMPORTANT – PLEASE read this page first

YOUR RESPONSIBILITY

To assist in ensuring that we deliver an efficient and safe travel service, please follow these instructions:

1. 6-8 weeks prior to travel: Complete a Travel Risk Assessment form. We will be **UNABLE** to process your request unless this is done
2. Sign or type your consent
3. REMOVE THIS TOP PAGE AND KEEP FOR YOUR INFORMATION
4. Post or bring the completed risk assessment form to the surgery
5. Go to www.fitfortravel.nhs.uk
6. Look up your destination(s)
7. Print off the information

READ IT, pay specific attention to information regarding

Prevention of Accidents		Mosquito Bite Prevention	
Personal Safety and Security		Malaria Prevention Advice	
Food and Water bourne Risks		Medical Preparation	
Travellers Diarrhoea		Sun & Heat Advice	
Sexual health & Blood Bourne Virus		Journey / Transport Advice	
Rabies Specific Advice		Insurance Advice	

8. Bring the information to your travel appointment

If you are a late traveller, while we will make every effort to accommodate you, we cannot guarantee that we will be able to process your risk assessment document and we may advise you go to a private travel company for your vaccinations

For Admin Use

Date received:	GP:	Notes Needed: Yes / No
1 st appt		
2 nd appt		
3 rd appt		

TRAVEL RISK ASSESSMENT FORM

To be completed by traveller prior to appointment

Name:	Date of birth
	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	Telephone number:
Email:	Mobile number:

PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW

Date of Departure:	Total length of trip:
Date of Return:	

COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			

Have you taken out travel insurance for this trip?

Do you plan to travel abroad again in the future?

TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY

<ul style="list-style-type: none"> • Holiday <input type="checkbox"/> Staying in hotel <input type="checkbox"/> Backpacking <input type="checkbox"/> <u>Additional information</u> • 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 <input type="checkbox"/>

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Any surgical operations in the past, including e.g. your spleen or thymus gland removed			
Anaemia			

Recent chemotherapy/radiotherapy/organ transplant			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS 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 including prescribed and purchased medications?

Consent

Parents/carers may sign to give consent for children under the age of 16.

I confirm that I am fit and well and that I have correctly completed all parts of this form

Signed:

Print Name:

Date:

Authorisation for a Patient Specific Direction (PSD)

Following the completion of a travel risk assessment, the below named vaccines may be administered under this PSD to:

FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM	
Patient Name:	dob:
Childhood immunisation history checked:	
Additional information:	

National database consulted for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required): **NaTHNaC:** **TRAVAX:** **Other:**

Patient consent for vaccination obtained:	verbal <input type="checkbox"/>	written <input type="checkbox"/>
Post vaccination advice given:	verbal <input type="checkbox"/>	written <input type="checkbox"/>

Name , form & strength of medicine	Require	Consider	Usual number of vaccine required to complete the course
Diphtheria/tetanus/polio Revaxis from 6 years old			Five doses. Boost if ongoing risk after 10 years
Typhoid Typhim vi from 2 years old			One dose (lasts 3 years)
Combined Hep A & Typhoid Viatim 16 years and over Hepatyrix 15 years and over			Two doses 0, 6-12 months
Hepatitis A adult Avaxim and Havrix monodose from 16 years			Two doses 0, 6-12 months
Hepatitis A child Vaqta 1-17 years Havrix junior monodose 1-15 years			Two doses 0, 6-12months
Combined Hep A & Hep B Twinrix adult and junior Twinrix adult (18 and over) Ambirix 1-15 years			Standard = 3 doses 0,1,6 months 0,1,2 and 12 months Accelerated = 4 doses 0,7days ,21 days & 12 months 0, 6-12 months
Cholera Dukoral from 6 years Dukoral from 2-6 years			Disaster aid workers or travel to endemic areas 2 doses one week apart pre travel 3 doses minimum 1 week apart
Hep B course Engerix b (& junior)			Standard = 3 doses 0,1,6 months Or 4 doses 0,1,2 and 12 months Accelerated = 4 doses 0,7days ,21 days & 12 months
Yellow Fever Stamaril (over 9 months)			Single dose

Meningococcal vaccine Menveo from 2 years old Nimenrix from 1 year old			1 dose pre travel
Rabies Rabies vaccine bp Rabipur	Any age but careful risk assessment under 1 year		3 doses pre travel 0,7 & 28 days 0,7, 21 or 28 days
Japanese encephalitis Ixiaro from 2 months			2 doses pre travel 0 and 28 days
Tick borne encephalitis Tico-vac 16 years and over Tico-vac junior 1-below 16 years			0,1-3 months pre travel 0,1-3 months pre travel
Antimalarials:			
Proguanil			Buy over the counter
Chloroquine			Buy over the counter
Combined Proguanil & Chloroquine			Buy over the counter
Mefloquine (Larium) or			Private prescription*
Doxycycline (ENSURE patient is not on ROACCUTANE for acne or			Private prescription*
Malarone			Private prescription*
Weight of child			

Signature of assessor	Date

Signature of Prescriber	Date

Post Vaccination administration

Vaccine details recorded on patient computer record (vaccine name, batch no., stage, site, etc.)	Y / N
SMS vaccines reminder or post card reminder service set up	Y / N
Travel record card supplied or updated:	Y / N
Travel risk management consultation performed by: (sign name and date)	

Additional patient management or advice taken following risk assessment – for example

- Vaccine(s) patient declined following recommendation, and reason why
- Telephoned NaTHNaC or TRAVAX for advice or used Malaria Reference laboratory fax service
- Contacted hospital consultant for specific information in respect of a complex medical condition
- Identified specific nature/purpose of VFR trav