

Travel assessment form

Everyone

- Complete one form for each person
- The form should be completed by the person themselves, to ensure accurate information
- We only offer travel services to patients who are registered with us
- See www.huntingdonroadsurgery.co.uk/forms about how to return this form
- See www.travelhelathpro.org.uk and read the advice on each country you plan to visit

NAME
DATE OF BIRTH
TELEPHONE
LENGTH OF TRIP
STARTING ON

Full name
Date of birth
Preferably mobile
Number of days
Date of first day abroad

Children

- We need one form for each traveller, regardless of age
- Completing this form on behalf of someone else? Tell us here:

Your name

Full name of person completing form

Relationship to traveller

e.g. parent or legal guardian

Groups

- If you are travelling as a group please return your forms together if possible

Number of forms returned together (including this one)

Itinerary

Tell us which countries you intend to visit on this trip, and in what order.

Country	Time planned there	Country	Time planned there
1.	days	5.	days
2.	days	6.	days
3.	days	7.	days
4.	days	8.	days

Please tell us more about the type of trip you are planning. Tick all that apply.

Type of trip	Business		Pleasure		Other? Please specify:	
Type of travel	Package		Self-organised		Backpacking	
	Working in medicine/ with animals/ charity		Cruise		Other? Please specify:	
Area	Urban		Rural		Altitude	
Type of accommodation	Hotel		Hostel, Airbnb, private house		Camping, cottages, other? please specify:	

NAME

Full name

DATE OF BIRTH

Date of birth

Health Questionnaire

	YES	NO	Specify:
Are you well today			
Do you take any regular medication?			
Do you have any allergies? e.g. eggs, antibiotics, other drugs, latex			
Have you had any immunisations in the last 4 weeks?			
Do you or any of your family members have a history of <ul style="list-style-type: none"> • Epilepsy • Anxiety • Depression • Other mental illness? 			
Do you have any condition, or have you had any treatment, that could affect your immune system? e.g. radiotherapy, chemotherapy, steroid treatment, splenectomy, thymus conditions			
Have you ever had a serious reaction to any vaccination or to malaria tablets?			
Do you have psoriasis?			
Is there anything in your lifestyle or activities on holiday that may put you at extra risk of hepatitis B infection?			
Are you pregnant, planning to become pregnant in the near future, or breast feeding?			
Have you had any vaccinations given elsewhere? We would not normally have a record of these. e.g. private travel vaccinations, childhood immunisations given at school or abroad			<p>Please specify name of vaccination and date. If you would prefer, you can send us copies of your vaccination records. Please make sure these are marked with your name and date of birth.</p>

What next?

- See www.huntingdonroadsurgery.co.uk/forms for details of how to return your form(s).
- Visit www.travelhealthpro.org.uk and read the information about each country you plan to visit.
- We will contact you. Please do not contact us unless you have not heard from us after 2 weeks.