

HOLMES CHAPEL HEALTH CENTRE

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Dr Stephen Tate Dr Robert Thorburn Dr Paul Bailey
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Travel Risk Assessment Form – please complete a form for each person travelling

It is important that you contact us regarding your travel needs, six to eight weeks (ideally eight weeks) prior to your travel date. Failure to provide us with adequate notice may result in us not being able to accommodate some or all of your travel vaccination requirements. In these situations, you will need to make alternative arrangements with an independent travel clinic. This will result in you incurring a cost from the independent travel clinic.

Please complete all of Section One. Information marked with an asterisk (*) must always be provided. Once completed please hand over to one of our receptionists who will check through the form with you, to ensure we have enough information to progress the assessment. The form will then be assessed by our Travel Nurse, who will contact you with further guidance.

SECTION ONE – To be completed by the patient			
Name:*		DOB:*	
Address:*		Tel. No.:*	
Post Code:*		Date of Departure:*	
Travelling To (country and length of stay):*	Reason For Travel:*		
Accommodation Type (rural / city):*	Significant Past Medical History:		
Current Health Problems:	Any Current Medications:		
Allergies:	Pregnant:*		
	Yes / No		
Previous Vaccine History (if known):			
Vaccine	Y / N	Date Given	
Tetanus			
Diphtheria			
Polio			
Typhoid			
Hep A (1 st or booster)			
Hep B (1 st , 2 nd , 3 rd , 4 th)			
Meningitis			
Rabies			
B.C.G.			
Jap B Enceph			
Tick Borne Enceph			
Yellow Fever			
Malaria Tablets			
Patient's Signature:*	Date:*		

To be completed by Health Centre Staff only:

Date Submitted:		Receptionist:	
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CLINICAL ASSESSMENT – To be completed by travel Clinician				
Initial Assessment Completed By:			Date:	
PLANNED VACCINE SCHEDULED FOR CURRENT TRIP				
Vaccine	Appt. Date	Appt. Date	Appt. Date	Appt. Date
Is there a risk of Malaria:	Y / N	General Travel Health Advice and Leaflets Given:	Y / N	
Patient made aware / has understanding of how Malaria is contracted:		Advice given on food and water consumption:		
Patient given advice on bites avoidance (nets, repellents etc):		Advice given on relevant health related safety issues:		
Patient made aware of signs, symptoms, diagnosis of Malaria:		Advice given on sun and heat protection:		
If child patient - weight of child:		Patient reminded about:- Health Insurance: Air Travel:		
Chemprophylaxis Recommended	Y / N	Other Websites:		
Chloroquine				
Proguanil				
Doxycycline				
Malarone				
Mefloquine				
Private script given:				
Any additional information:				
Treatment Plan Completed By:				
Position:				
Date:				

To be completed by Health Centre Staff only:

Date Submitted:		Receptionist:	
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