**Travel assessment form**

To be completed by traveller prior to appointment. **One form per person.** **FORMS MUST BE COMPLETED AND RETURNED AT LEAST 6WEEKS BEFORE YOU TRAVEL.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name(As shown on passport): | | Date of Birth: | | | | | |
| Male  Female  Other | | | | | |
| E-Mail:  Travel advice may be emailed/Text to you if **NO** vaccinations are required. | | Telephone number:  Mobile number:  Please tick to consent to text and/or email information. | | | | | |
| **Intended travel destination and travel information** | | | | | | | |
| Date of departure : | | Total length of stay: | | | | | |
| **Country to be visited** | **Exact location or region** | | | **City or rural** | | | **Length of stay** |
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| **Please provide information regarding airport transit locations if you will have a lay over of longer than 12hours.** | **Destination** | | | **Length of stay** | | |  |
|  | | |  | | |
| **Type of travel and purpose of trip – please tick all that apply.** | | | | | | | |
| Holiday  Staying in hotel  Backpacking    Business trip  Cruise ship trip  Camping/Hostel    Volunteer work  Safari  Adventure  Healthcare worker  Pilgrimage  Visiting family/friends | | | | | | | |
| **Please supply details of your personal medical history** | | | | | | | |
|  | | | **YES** | | **NO** | **Unknown/Details** | |
| Have you had all your routine childhood immunisations? | | |  | |  |  | |
| Have you had any vaccines in private clinics outside your GP practice? | | |  | |  | *Please attach any evidence you have of these* | |
| Are you fit and well | | |  | |  |  | |
| Any allergies including food, latex, medication | | |  | |  |  | |
| Severe reaction to vaccine before | | |  | |  |  | |
| Tendency to faint with injections | | |  | |  |  | |
| Do you take any injectable medications? *(Please specify)* | | |  | |  |  | |
| **Women only** | | | | | | | |
| Are you pregnant | | |  | |  |  | |
| Are you breast feeding | | |  | |  |  | |
| Are you planning a pregnancy | | |  | |  |  | |
| **COVID-19** | | |  | |  |  | |
| **Please note it is your responsibility to check local and travel destination covid-19 requirements. Advice on covid-19 travel data will not be provided. It is your responsibility to arrange the required testing pre and post travel as per local and your travel destination covid-19 guidance. Please visit**  Travel abroad from England during coronavirus (COVID-19) - GOV.UK (www.gov.uk) **For information** | | | | | | | |
| **Any other information/comments:** | | | | | | | |

**Once completed your form will be passed to one of the practice nurses to review. You will be contacted within approximately 7 days via text and/or email to advise whether an appointment is required for vaccination. It will then be your responsibility to book an appointment for vaccination if required.**