

BEDMINSTER FAMILY PRACTICE

Travel risk assessment and travel risk management forms

Please complete a separate form for EACH traveller and return to Reception

To be completed by traveller prior to appointment

Name:	Date of birth:
Tel:	Mobile:

Please supply information about your trip in the sections below

Date of departure:	Length of trip:
Country to be visited	Location/region
1.	City/rural
2.	Length of stay
3.	

Type of travel and purpose of trip

<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking
<input type="checkbox"/> 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 family

Please supply details of your medical history

	Yes	No	Details
Any allergies			
Severe reaction to a vaccine before			
Tendency to faint with injections			
Recent chemotherapy/radiotherapy			
Bleeding /clotting disorders			
Diabetes			
Epilepsy			
Liver and or kidney problems			
HIV/AIDS			
Mental health issues			
Respiratory (lung) disease			
Any other conditions			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy?			
Are you taking any medication?			

Please bring any held records of previous imms/medications with you.

Signature:	Date:
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