**BARNTON PHARMACY TRAVEL HEALTH RISK ASSESSMENT FORM 2023**

**Please complete one form per person attending and bring it to your appointment**

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|  Name:  | Your country of origin: |
| Address:Post Code: |  E mail: |
|  Mobile number: |
| Date of birth: | Age: |  GP surgery: |
| **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW** |
| **Date of departure:** | **Total length of trip:** |
| **COUNTRY TO BE VISITED** | **EXACT LOCATION OR REGION (CITY/ RURAL)****CITY OR RURAL** | **LENGTH OF STAY** |
| 1.2.3.4. |  |  |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP (Work, Friends and Family, Backpacking, 5\*accommodation) etc)** |
|  |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY.** Please provide details or write NONE |
| Do you feel unwell or have a fever today? |
| Medical conditions: |
| Medications: |
| Allergies (ie eggs, antibiotics, latex): |
| Any Issues which affect your immune system? (ie medications, treatments, myasthenia gravis, HIV): |
| Past or recent surgery (especially spleen or thymus) |
| In last 12 months have you taken steroids, anti-cancer drugs, blocking therapy, radiotherapy or chemotherapy? | **YES** | **NO** | **DETAILS** |
| Have you ever had cancer, leukaemia, lymphoma, organ/ bone marrow transplant? |  |  |  |
| Have you ever had a serious (anaphylactic reaction to any previous vaccine? |  |  |
| Do you have a tendency to faint with injections? |  |  |
| Do you or any close family member suffer from epilepsy? |  |  |
| Have you or any close family member suffered from DVT (deep vein thrombosis) |  |  |
| Do you have any history of mental illness including anxiety or depression? |  |  |
| Are you pregnant or breastfeeding or planning pregnancy? |  |  |
| Have you informed your travel insurance of medical conditions you have? |  |  |

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| **What vaccinations / medication have you had before? Include dates if known.** |
| Have you had full childhood Vaccine courses?**Is there anything else important in medical health/ past vaccine history?** |
| **Hepatitis A** | 123 | **Japanese****encephalitis** | 123 | **Tick borne****encephalitis** | 1 |
| 2 |
| 3 |
| **Tetanus/polio/ diphtheria** |  | **Cholera** |  | **Yellow fever** |  |
| **Typhoid** |  | **Meningitis ACWY** |  | **Other** |  |
| **Rabies** | 123 | **Hepatitis B** | 123 |
| Malaria Tablets previously? |
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| **The information I have provided is true and to the best of my knowledge****Signed: Parent/parent/guardian Date:****Risk assessment carried out by HCP: Print: Sign: Date:** |