

# Heathgate Medical Practice

Poringland and Rockland St Mary  
[www.heathgatemedicalpractice.co.uk](http://www.heathgatemedicalpractice.co.uk)

## **Travel Risk Assessment Form**

If you are travelling abroad, please make sure you contact us in plenty of time to arrange any vaccinations which may be necessary.

This form should be completed and returned to the Practice at least **six weeks before you travel**. On receipt, our team will review the information you have provided and inform you of any NHS travel vaccinations which are recommended, and we can provide.

You can find out which vaccinations are available on the NHS by visiting [www.nhs.uk](http://www.nhs.uk) and searching for travel vaccination advice.

Where younger patients are travelling, we may need to bring forward their scheduled primary immunisations to meet World Health Organisation Travel recommendations for their trip.

For vaccinations which are not provided on the NHS such as rabies or protection against malaria, you will need to contact a private travel clinic. These are offered by local Pharmacies such as Boots and Superdrug.

At the same time as you complete our assessment you can visit [www.travelhealthpro.org.uk/countries](http://www.travelhealthpro.org.uk/countries) to check which private vaccines you may need to consider arranging.

Please complete the following pages in as much detail as possible so that we can make a full assessment of your need. Completed forms can be returned in person or E Mailed to [nwicb.mail.heathgate@nhs.net](mailto:nwicb.mail.heathgate@nhs.net)

Name of traveller	
Date of birth	
Contact telephone number	
E Mail address	

<b>Trip details</b>	
Departure date	
Trip duration	
Please provide details of the country/countries you will be visiting, the length of stay in each	
Location type – <b>1</b>	Urban Rural Mixed Altitude
Location type – <b>2</b> (if applicable)	Urban Rural Mixed Altitude
Location type – <b>3</b> (if applicable)	Urban Rural Mixed Altitude
Purpose of trip	Business Pleasure/leisure Other
Type of trip	Package Self-organised Backpacking Camping Cruise ship Trekking
Accommodation	Hotel Other apartment/house Friends and Family Cruise ship Camping Camper van
Travelling	Alone With friends/family In an organised group
Activity type	Safari Adventure City Beach Other

List any long-term conditions or any other medical condition that you may have such as Asthma, Diabetes or Heart Failure	
List any allergies you have	
Have you ever had a serious allergic reaction to any vaccination in the past? If so, please provide details.	
Are you taking an immunosuppressant medication? If so, please detail.	Yes/No
Have you taken out the appropriate travel insurance for your trip?	
Are you pregnant or breast feeding?	Yes/No/Not applicable
Please provide any other information relevant to your travel/trip.	

### **Assessment by the Practice**

**The assessment should be completed in S1 using the ARDENS travel consultation template accessible via F12.**

<b>Vaccine</b>	<b>Required – tick if needed</b>
Hepatitis A	
Typhoid	
Combined diphtheria, tetanus & Polio	
MMR	
Other NHS vaccine	

<b>Other vaccines to consider on a private basis</b>	
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**Reception Team to contact patient and book appointment (20 minutes) in Nurse Clinic. This full assessment should be scanned to the medical journal.**