**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**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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.**