**RIVERSIDE HEALTH CENTRE – TRAVEL RISK ASSESSMENT**

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| **Name**: | **Date of Birth**: |
| **Telephone**: | **E-mail**: |
| **Departure Date**: | **Return Date**: |

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| **Have you fully researched your trip using the recommended Nathnac Website:** [**https://travelhealthpro.org.uk**](https://travelhealthpro.org.uk)? Please bring your research with you to your appointment with the nurse. **Please note**: we are not travel health specialists and ask you to take responsibility for your own travel health. **If you are travelling to multiple country destinations or are travelling within the next 8 weeks, we ask you to attend a private travel clinic.** |

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| **Country to be visited, including specific towns, length of stay and how remote you will be from medical help**: |

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| **Holiday Type**: |
| Package: Business: Pleasure: |
| **Accommodation Type**: |
| Hotel: B&B: Family Home: |
| Backpacking: Camping: Trekking: |
| Cruise Ship: |
| **Travelling**: |
| Alone: With family/friends Group |
| **Staying in an area which is**: |
| Urban: Rural: Altitude: |
| **Planned activities**: |
| Safari: Adventure: Other: |
| **Have you taken out travel insurance and if you have medical condition**  **have you informed the insurance company about this**? YES/NO |
| **Are you pregnant, planning pregnancy or breast feeding**: YES/ NO |

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| **Have you ever had any of the following vaccines for travel**? (Please tick) | |
| Diptheria/Tetanus/Polio (DTaP): | |
| Typhoid: Hepatitis A: Hepatitis B: Meningitis: | |
| Yellow Fever: Japanese Encephalitis: Malaria Tablets: | |
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| Please write below any further information which may be relevant: | |
| I confirm that this information is accurate to the best of my knowledge, and that my enquiry is not urgent. | Signed: |