

TALKE CLINIC  
HIGH STREET  
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STOKE ON TRENT  
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## Holiday Travel Risk Assessment Form

You may be invited to make an appointment with the practice nurse to discuss your travel arrangements. This is to gain further information about your travel for example which countries and regions are to be visited, what activities are to be undertaken to ascertain what advice and vaccinations are required.

There is information about countries and vaccinations required on the website below

- [www.travelhealthpro.org.uk](http://www.travelhealthpro.org.uk)

**It is important to attend as early as possible – please submit your Holiday Travel Form at least three months before you travel.**

Vaccines may need to be ordered.

Some vaccinations may require more than one dose.

Not all travel vaccinations are included in the services provided by the NHS.

Malaria tablets are not provided on the NHS

We are not licensed to provide Yellow Fever Vaccination. If a Yellow Fever vaccination is required you will need to attend a Yellow Fever Centre.

If your holiday travel plans are complex you will be asked to attend a Private Travel Provider  
Examples

A Pharmacy that provides a travel health service.

MASTA clinics see [www.masta-travel-health.com](http://www.masta-travel-health.com)

### Travel Health Questionnaire

To help us offer appropriate advice, please complete a Travel Risk Assessment Form found on our website or at reception. Please submit completed forms at reception.

**Please submit your Holiday Travel Form at least three months before you travel.**

The form will be reviewed by the Practice Nurse.

You will be contacted to arrange an appointment to discuss further and to receive vaccinations if appropriate.

If specialist advice is required you will be asked to contact a specialist travel health provider.

**Please keep this page for your information.**

<b>Travel Risk Assessment Form</b>	
Name:	Date of Birth:
Address:	Telephone:
<b>Travel Details</b>	Return date:
Departure date:	
Total length of Trip	
<b>Country/Destinations</b>	<b>Region</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
<b>Purpose of trip</b> please tick	
Adventure/Gap Year:	Holiday:
Aid work/Emergency response:	Long term/Expatriate:
Business/Work trip:	Medical treatment:
Charity/Volunteer:	Pilgrimage:
Cruise:	Visiting friends and family:
Diving:	Other:
Health Worker:	<b>TYPE OF ACCOMODATION</b>
	Cruise Ship
	Hotel
	Backpacking hostel
	Other

<b>Medical History</b>	<b>Yes</b>	<b>No</b>
<p><b>Please tick either “yes” or “no”. If you answer yes to any of the questions, please give details.</b></p> <ol style="list-style-type: none"> <li>1. Are you receiving regular treatment or a follow up with Hospital specialist?</li> <li>2. Do you have any allergies?</li> <li>3. Have you had any travel related illness/injury which required assessment/treatment in hospital?</li> <li>4. Do you have/have you had a condition which could impair your immune system (including taking any medicines/treatment in the last 12 months that could impair your immune system)</li> <li>5. Do you think you have a condition which may be affected by travel?</li> <li>6. Do you have any specific health concerns regarding your proposed trip?</li> <li>7. Have you ever experienced any mental health issues, even mild anxiety or depression?</li> </ol>		

**Further Details**

As above, please provide any further any other important information regarding your health

**Are you taking any form of medication?**

**Yes [ ] No [ ]**

If yes please give details below, including GP prescribed, Specialist prescribed (ie hospital),self-treatment/over-the-counter remedies and contraception

<b>Name of medication</b>	<b>Dose and Frequency</b>	<b>Condition</b>
	<b>Yes</b>	<b>No</b>
Are you pregnant?		
Are you breastfeeding?		
Are you planning pregnancy?		

10/4/2024