**THE MORRIS HOUSE GROUP PRACTICE**

**Travel Risk Assessment Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
|  |  | Gender: | Male [ ]  Female [ ]  |

You don’t always need vaccinations to travel abroad. Those which you do need depend on the country you’re visiting and what you’re doing.

You should attend the travel clinic 6 – 8 weeks before your departure to ensure you have time to complete the appropriate immunisation schedules.

Please ask at reception or look on our website for a list of the charges for various immunisations. You can also check which immunisations you need by visiting <https://travelhealthpro.org.uk/>.

**Your Journey**

|  |  |
| --- | --- |
| Date of departure: | Total duration (days): |
| Country to be visited | Exact location | City/rural | Length of stay |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| 4.       |       |       |       |
| Have you taken out travel insurance? Yes [ ]  No [ ]  |
| Purpose and type of your trip (tick all that apply) |
| [ ]  Holiday | [ ]  Business | [ ]  Volunteering | [ ]  Healthcare | [ ]  Expat employment |
| [ ]  Hotel | [ ]  Safari | [ ]  Cruise | [ ]  Pilgrimage | [ ]  Medical |
| [ ]  Backpacking | [ ]  Camping | [ ]  Family visit |  |  |
| Any other information:       |

**Your Medical History Travel Clinic Pricing**

|  |  |  |  |
| --- | --- | --- | --- |
| Question | Yes | No | Details |
| Are you fit and well today? | [ ]  | [ ]  |       |
| Do you have any allergies? | [ ]  | [ ]  |       |
| Have you had a severe reaction to a vaccine before? | [ ]  | [ ]  |       |
| Do you have a tendency to faint with an injection? | [ ]  | [ ]  |       |
| Surgery in the past including removal of spleen or thymus gland? | [ ]  | [ ]  |       |
| Recent chemo/radiotherapy or organ transplant? | [ ]  | [ ]  |       |
| Do you have anaemia? | [ ]  | [ ]  |       |
| Any bleeding or clotting disorder? | [ ]  | [ ]  |       |
| Do you have heart disease e.g. angina or high blood pressure? | [ ]  | [ ]  |       |
| Do you have diabetes? | [ ]  | [ ]  |       |
| Do you have a disability? | [ ]  | [ ]  |       |
| Do you have a history of seizures or epilepsy? | [ ]  | [ ]  |       |
| Do you have a history of stomach complaints? | [ ]  | [ ]  |       |
| Any liver or kidney problems? | [ ]  | [ ]  |       |
| Do you have HIV or AIDS? | [ ]  | [ ]  |       |
| Do have any other problem with your immune system? | [ ]  | [ ]  |       |

|  |  |  |
| --- | --- | --- |
| **Treatment/Component** | **Cost (£)** | **Scheduling** |
| Hepatitis A | 0.00 | Once only |
| Typhoid | 0.00 | Once only |
| Diptheria/Tetanus/Polio | 0.00 | Once only |
| Meningitis ACWY | 60.00 | Once only |
| Hepatitis B | 120.00 | At 0, 7, 21 days |
| Yellow Fever (with certificate) | 70.00 | Once only |
| Yellow Fever certificate reissue | 5.00 | Once only |
| Anti-malarial prescription | 15.00 | Once only private prescription charge. Medicine must then be purchased at the pharmacy |
| Altitude sickness prescription |
| Japanese Encephalitis | 180.00 | At 0, 28 days (needs ordering in advance) |
| Shingles (non-NHS patients) | 190.00 | Once only (needs ordering in advance) |
| Rabies | 180.00 | At 0, 7, 28 days (needs ordering in advance) |