

TRAVEL RISK ASSESSMENT FORM

Name/Family Name: _____
 Telephone number: _____
 Date of departure: _____
 Date of return: _____
 Country to be visited: _____

Purpose of visit: Business Holiday Other
 Accommodation type: Hotel Relatives Other
 Type of area: Urban Rural Altitude
 Planned activities: Safari Adventure Other

Vaccinations recommended for this trip:

Disease protection:	Ref No:	Ref No:	Ref No:	Ref No:	Ref No:
Hepatitis A					
Hepatitis B					
Typhoid					
Tetanus					
Diphtheria					
Polio					
Meningitis ACWY *					
Yellow Fever *					
Malaria prophylaxis *					
*Denotes payment will be required					
Rabies, Japanese and Tick -borne Encephalitis are not available at the surgery. Details of how to obtain these will be given to you by our nursing staff					

PLEASE BRING THIS FORM AND ALL RELEVANT DOCUMENTATION WITH YOU TO YOUR APPOINTMENT