**WYLCWM STREET SURGERY TRAVEL RISK ASSESSMENT FORM**

Please return the completed form to admin.w96004@wales.nhs.uk

The practice nurse will contact you to discuss your travel requirements within two weeks of receipt of this form.

 Please view NATHNAC Travel Pro <https://travelhealthpro.org.uk/> for information about your destination.

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Email: | Telephone:Mobile: |
| Your country of origin | Male □ Female □ Non-binary □ |

 **PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW**

|  |  |
| --- | --- |
| Date of departure: | Total length of trip: |
| COUNTRY TO BE VISITED | EXACT LOCATION OR REGION | CITY OR RURAL | LENGTH OF STAY |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

 What modes of transport will you be using?

 Have you taken out travel insurance for this trip?

 Do you plan to travel abroad again in the future?

|  |
| --- |
| **TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY** |

□ Holiday □ Staying in hotel □ Backpacking □ Business trip □ Cruise ship trip □ Camping/hostels □ Expatriate □ Safari □ Volunteer work □ Pilgrimage □ Diving □ Adventure □ Healthcare worker □ Medical tourism □ Visiting friends/family

□ Additional information

|  |
| --- |
| **PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY**  |
|  | **YES** | **NO** | **DETAILS** |
| Are you fit and well today |  |  |  |
| Any allergies including food, latex, medication |  |  |  |
| Any allergies including food, latex, medication |  |  |  |
| Have you, or anyone in your family, had a severe reaction to a vaccine or malaria medication before? |  |  |  |
| Tendency to faint with injections |  |  |  |
| Any surgical operations in the past, including e.g. open heart surgery, spleen or thymus gland removal? |  |  |  |
| Recent chemotherapy/radiotherapy/organ transplant |  |  |  |
| Anaemia Bleeding /clotting disorders (including history of DVT) |  |  |  |
| Heart disease (e.g. angina, high blood pressure) |  |  |  |
| Diabetes |  |  |  |
| Additional needs and/or disability |  |  |  |
| Epilepsy/seizures (or in a first degree relative?) |  |  |  |
| Gastrointestinal (stomach) complaints |  |  |  |
| Liver and or kidney problems |  |  |  |
| HIV/AIDS |  |  |  |
| Immune system condition e.g. blood cancer |  |  |  |
| Mental health issues (including anxiety, depression) |  |  |  |
| Neurological (nervous system) illness |  |  |  |
| Respiratory (lung) disease |  |  |  |
| Rheumatology (joint) conditions |  |  |  |
| Spleen problems |  |  |  |
| Any other conditions? |  |  |  |
| Are you or your partner pregnant or planning a pregnancy? |  |  |  |
| Are you breast feeding (if applicable) |  |  |  |
| Have you or anyone in your family undergone FGM / been cut / circumcised |  |  |  |

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below. 1. Chiodini J, Boyne L, Grieve S, Jordan A. (2007) Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine. RCN, London. 2. Field VK, Ford L, Hill DR, eds. (2010) Health Information for Overseas Travel. National Travel Health Network and Centre, London, UK. Form devised and created by Jane Chiodini © updated 2022