**Laurbel Surgery**
**14 Main Road,**
**Bilton, Hull, HU11 4AR**

## TRAVEL RISK ASSESSMENT FORM

**Please complete this form and return it to the practice at least 6 weeks before your intended travel.**

NAME: ……

DATE OF BIRTH: ……

ADDRESS:
……
……
……

TEL: ……

Date of Travel: ……

Destinations - Country & Resort: ……

REASON FOR TRAVEL Holiday / Work

LENGTH OF STAY: ……

TYPE OF ACCOMODATION:
(e.g. hotel, self catering,
camping, backpacking, etc )
……
……

PLEASE LIST ANY ALLERGIES:
……
……
……
……..

PLEASE LIST ALL REGULAR MEDICATION:
……
……
……

Are you **pregnant** or might you be before you travel?
Yes / No

PREVIOUS INJECTIONS: (state if you have had any previous adverse reactions)

| INJECTION | Yes / No | Date | INJECTION | Yes / No | Date |
|---|---|---|---|---|---|
| Tetanus | | | Hepatitis A | | |
| Polio | | | Hepatitis B | | |
| Rabies | | | Cholera | | |
| Yellow fever | | | Meningitis A/C | | |
| Tuberculosis | | | Malaria | | |
| Typhoid | | | | | |

Have you had a blood test for Hepatitis A or B? Yes / No

| Patient signature | Date | |
|---|---|---|