emcare TRAVEL CLINIC

Travel Health Risk Assessment

Please complete prior to your appointment providing as much detail as possible.

Name: Email:	Date of Birth: Male ☐ Female ☐
Address:	Telephone Number: Mobile Number:
WHO COULD WE CALL IN AN EMERGENCY?	
Name:	Tel No:
PLEASE PROVIDE INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW:	
Date of Departure:	Overall length of trip:

COUNTRY TO BE VISITED	EXACT LOCATION	CITY OR RURAL	LENGTH OF STAY

TYPE OF TRAVEL AND PURPOSE OF TRIP- PLEASE TICK ALL THAT APPLY			
Holiday ☐ Business Trip ☐ Expatriate ☐ Voluntary Work ☐ Healthcare-Worker ☐	Staying in hotel ☐ Cruise Ship ☐ Safari ☐ Pilgrimage ☐ Backpacking ☐	Camping/Hostels ☐ Adventure ☐ Diving ☐ Visiting Friends/Family ☐	Additional Information

PLEASE PROVIDE DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Are you fit and well today			
Do you have any known allergies			
Have you ever had a severe reaction to a vaccine			
Do you have a tendency to faint with injections			
Recent chemotherapy/radio therapy/organ transplant			
Anaemia			
Bleeding/clotting disorders (including history of DVT)			
Heart disease			
Diabetes			
Epilepsy/seizures (you or close family)			

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	YES	NO	DETAILS
Gastrointestinal (stomach) complaints			
HIV/AIDS			
Immune System condition			
Mental health issues (including anxiety, depression)			
Neurological illness			
Respiratory disease			
Rheumatology conditions			
Spleen problems			
Any other conditions?			
Women Only			
Are you pregnant?			
Are you breast feeding?			
Are you planning pregnancy while away?			

Please list current medications:	**Name and Address of GP:**
	Can we notify your GP of any vaccinations given?
	Yes: ☐ No: ☐

Have you ever had any of the following vaccinations or anti-malarial tablets?

Vaccine	Yes/No	Date
Diphtheria/Tetanus/Polio		
Yellow Fever		
Hepatitis A		
Japanese B Encephalitis		
Malaria Tablets		

Vaccine	Yes/No	Date
Typhoid		
Hepatitis B		
Rabies		
Tick-Borne Encephalitis		
Other (please specify)		

Have you taken out travel insurance and if you have a medical condition, informed the company about this?:	Yes: ☐ No: ☐	**Any additional information that may be relevant?**

Please note there is a charge for missed appointments.