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Travel Health Assessment

Personal details

Name: _____ Date of birth: _____

Home Tel: _____ Mobile: _____

Email: _____

Gender: _____

Dates of trip: _____ Length of stay: _____

Country to be visited: _____

Are you away from medical help at destination? _____

If so, how remote? _____

Holiday type: _____

Accommodation: _____

Planned activities: _____

Back packing: _____

Do you have any recent or past medical history of note? This includes diabetes, heart or lung conditions, and thymus disorder: _____

Do you have any allergies for example to eggs, antibiotics, nuts? _____

Have you ever had a serious reaction to a vaccine given to you before? _____

Does having an injection make you feel faint? _____

Do you or any close family members have epilepsy? _____

Do you have any history or mental illness including depression or anxiety? _____

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? _____

Women only: Are you pregnant or planning pregnancy or breast feeding? _____

Have you taken out travel insurance? _____

If you have a medical condition, have you informed the insurance company about this?

Vaccination history:

Have you ever had any of the following vaccinations/malaria tablets, and if so when?

Immunisations recommended for your trip: _____

Advised about boosters: _____

Travel vaccination record book given? _____

For discussion when risk assessment is performed within your appointment:

I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Patient Signed: **Date:**

Nurse Signature: **Date:**