ONCE COMPLETING THIS FORM, PLEASE CONTACT THE SURGERY AFTER ONE WEEK

TRAVEL HEALTH ASSESSMENT FORM

JACEY & DICKENS HEATH SURGERY FOR REGISTERED PATIENTS

This form must be completed and returned to the surgery 6 weeks before departure date

Name:	Date of Birth:		
	☐ Male	☐ Female	
Address:	Telephone Number:		
Email:	Mobile Number:		

Please supply information about your trip in the sections below

Date of Departure:	Total length of trip:

Country to be visited	**Exact location / region**	**City or Rural**	**Length of stay**
1.			
2.			
3.			
4.			
5.			

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

☐	Holiday	☐	Staying in hotel	☐	Backpacking	**Travelling with:**	
☐	Business trip	☐	Cruise ship trip	☐	Camping / Hostels	☐	Alone
☐	Expatriate	☐	Safari	☐	Adventure	☐	Friends / Family
☐	Volunteer work	☐	Pilgrimage	☐	Diving	☐	Group
☐	Healthcare worker	☐	Medical tourism	☐	Visiting friends/ family	☐	Other

Please supply details of your personal medical history

	Yes	No	Details
Any allergies including food, latex, medication?			
Severe reaction to a vaccine before?			
Tendency to faint with injections?			
Recent chemotherapy/Radiotherapy/organ transplant?			
Women only			
Are you pregnant?			
Are you breast feeding?			
Are you planning a pregnancy while away?			

For Admin Use Only:

Date Received: Date Reviewed: Date of Appointment:

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Are you currently taking any medication (including prescribed, purchased or a contraception pill)?

Please supply any information on any vaccines or malaria tablets taken in the past					
☐	Tetanus/polio/diphtheria	Date:	☐	Hepatitis A	Date:
☐	Typhoid	Date:	☐	Hepatitis B	Date:
☐	Cholera	Date:	☐	Japanese Encephalitis	Date:
☐	Rabies	Date:	☐	BCG	Date:
☐	Yellow fever	Date:	☐	Influenza	Date:
☐	Malaria tablets	Date:	☐	Pneumococcal	Date:
☐	MMR	Date:	☐	Meningitis	Date:
☐	Tick Borne Encephalitis	Date:	☐	Other (please give details below)	Date:

Any additional information	
Please return completed form to :	The Jacey Practice - **6 weeks** before travel
Email:	jaceypractice@nhs.net
Fax:	0121 7336892

You will be contacted if an appointment is necessary

FOR THE NURSE TO COMPLETE ONLY

Vaccinations needed:	***Completed / date:***