

The Cambridge Practice Travel Risk Assessment Form

Name:	
Address:	
Date of Birth:	Telephone Number:

Country of Destination (including stopovers):	Area of Country:	Length of Stay:

Date of Departure:
Reason for Travel:
Proposed Activities:
Type of Accommodation:
Urban or Rural:
Previous Travel Experience: Yes / No

Significant Past Medical History:	Current Health Problems:	Current Medications:

Do you have/or have you suffered from the following conditions:	If yes please give details:
Allergies:	Yes / No
Reaction to Previous Vaccines:	Yes / No
Epilepsy:	Yes / No
Psoriasis:	Yes / No
Heart Condition:	Yes / No
HIV:	Yes / No
Splenectomy:	Yes / No
Taking drugs that suppress the immune system:	Yes / No
Depression or Mental Health:	Yes / No
Pregnancy/planning in 3 months/breastfeeding:	Yes / No

Previous Vaccinations:	Have you taken anti-malaria cover before:
	Yes / No
	If yes, please give details:
	Weight of Child: _____

Signature:	Date:
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