Tiptree Medical Centre Travel Risk Assessment Form

To be completed prior to appointment

Patient Details

Name

HIV/AIDS

Immune system condition



Address				NH	S numbe	er			
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Email				Mol	bile Tele	phone	9		
Tra	avel Itinerary	ı							
	Dates	Country		Exact locat	ion/regi	on	City o	or Rural	Length of Stay
1.	24100	- Country				<u> </u>	<u> </u>		
2.									
3.									
4.									
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Tra	avel Informa	tion (please tick a	all that	apply)					
Ту	pe	□ Holiday	□ Bu	siness [□ Volunte	er w	ork	□ Visiting	friends/family
		□ Expatriate	□ Cru	uise ship 🏻 🗈	∃ Healtho	care v	vorker	Pilgrima	age
Ac	commodation	on □ Hotel	□ Ca	imping i	Hostels □	Hostels □ Friends/Fa			/Family
Α.	41141	C-f-wi	D::		Λ al a . a 4				
AC	tivities	□ Safari	Safari Diving Adventure						
Δd	ditional info	rmation:							
Au		ination.							
Me	edical Histor	y				Na		Do	40ilo
					Yes	No		De	tails
Are	e you fit and	well today			Yes	No		De	tails
Are Se	e you fit and vere reaction	well today to a vaccine befo	ore		Yes	No		De	tails
Are Se Te	e you fit and vere reaction	well today to a vaccine befo nt with injections		uding o g	Yes	No		De	etails
Are Se Te An	e you fit and vere reaction ndency to fai y surgical op	well today to a vaccine befo nt with injections erations in the pas	st, inclu	uding e.g.	Yes	No		De	rtails
Are Se Te An you	e you fit and vere reaction ndency to fai y surgical op ur spleen or t	well today to a vaccine before twith injections erations in the past	st, inclu			No		De	tails
Are Se Te An you Re	e you fit and vere reaction ndency to fai y surgical op ur spleen or t cent chemotl	well today to a vaccine befo nt with injections erations in the pas	st, inclu			No		De	etails
Are Se Te An you Re An	e you fit and vere reaction ndency to fai y surgical op ur spleen or toent chemothaemia	well today to a vaccine before twith injections erations in the pase hymus gland remenerapy/radiothera	st, inclu oved py/orga	an transplant		No		De	etails
Are Se Te An you Re An Ble	e you fit and vere reaction ndency to fai y surgical op ur spleen or to cent chemotlaemia eeding /clottir	well today to a vaccine before twith injections erations in the past	st, inclu oved py/orga	an transplant		No		De	tails
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Date of birth

Mental health issues (including anxiety, depression)	
Neurological (nervous system) illness	
Respiratory (lung) disease	
Rheumatology (joint) conditions	
Spleen problems	
Any other conditions?	
Women only	
Are you pregnant?	
Are you breast feeding?	
Are you planning pregnancy while away?	

Information on any vaccines or malaria tablets taken in the past					
Tetanus/Polio/Diptheria	MMR	Influenza			
Typhoid	Hepatitis A	Pneumococcal			
Cholera	Hepatitis B	Meningitis			
Japanese Encephalitis	Rabies	Yellow Fever			
Tick Borne	BCG	Other			
Encephalitis					
Malaria Tablets			·		

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Please amend this as necessary (include food, latex and medication)

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Please amend this as necessary (include prescribed, purchased or contraceptive pill)

Acute Medication

Repeat Medication

Further Information
Have you taken out travel insurance for this trip?
Do you plan to travel abroad again in the future?
Other information: