

## THREE SHIRES MEDICAL PRACTICE TRAVEL RISK ASSESSMENT FORM

Name:		Date of birth:	
		Male <input style="width: 50px;" type="checkbox"/>	Female <input style="width: 50px;" type="checkbox"/>
Email:		Landline Number:	
		Mobile Number:	
<b>PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW</b>			
Date of departure:		Total length of trip:	
Country to be visited	Exact location or region	City or Rural	Length of stay
1			
2			
3			
<b>TYPE OF TRAVEL AND PURPOSE OF TRIP</b>			
<b>PLEASE SUPPLY THE FOLLOWING MEDICAL HISTORY (Y/N)</b>			
Are you pregnant <input style="width: 60px;" type="checkbox"/>		Do you have any allergies <input style="width: 60px;" type="checkbox"/>	
		Allergy Type <input style="width: 150px;" type="text"/>	
<p>If after checking the 'fit for travel' website or visiting a private travel clinic you require NHS vaccinations, please detail these below.</p> <p style="text-align: center;"><b>Please Note it is your responsibility to check which vaccinations you need.</b></p>			
1.	2.		
3.	4.		
<b>Please check the availability of your vaccines, as there may be national shortages.</b>			
SIGNED:		PRINT NAME:	
DATE:			