



TRAVEL RISK ASSESSMENT FORM –to be completed by traveller prior to appointment.

Name:	Your country of origin:
	Date of birth:
	Male ☐ Female ☐
Email:	Telephone:
	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 OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			

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 – PLEASE TICK ALL THAT APPLY

Holiday	☐	Staying in a hotel	☐	Backpacking	☐	Additional Information
Business Trip	☐	Cruise ship trip	☐	Camping/hostels	☐	
Expatriate	☐	Safari	☐	Adventure	☐	
Volunteer Work	☐	Pilgrimage	☐	Diving	☐	
Healthcare Worker	☐	Medical tourism	☐	Visiting friends/family	☐	

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

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PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST

Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick borne encephalitis	
Yellow fever		BCG		Other	
COVID-19 (dates, brand, etc)					
Malaria tablets					

Any additional information