

Heathgate Medical Practice

Poringland and Rockland St Mary
www.heathgatemedicalpractice.co.uk

Travel Risk Assessment Form

If you are travelling abroad, please make sure you contact us in plenty of time to arrange any vaccinations which may be necessary.

This form should be completed and returned to the Practice at least 6 weeks before you travel. On receipt, our nursing team will assess your travel need and we will inform you of any NHS travel vaccinations which we can provide, with the appropriate appointment then made.

Routinely the NHS can provide vaccination against hepatitis A, diphtheria, tetanus, polio and typhoid.

Where younger patients are travelling, we may need to bring forward their scheduled primary immunisations to meet World Health Organisation Travel recommendations for their trip.

For vaccinations that are not provided on the NHS such as rabies or protection against malaria, you will need to contact a local private travel clinic. We have listed two below. You will be charged by these clinics.

- Superdrug – 12 St Stephens Street, Norwich. 01603 619179
- Boots – Chapelfield Mall, Merchants Hall Lower Ground Floor. 03330 609982

Please complete the following pages in as much detail as possible so that we can make a full assessment of your need. Completed forms can be returned in person or E Mailed to nwicb.mail.heathgate@nhs.net

Name of traveller	
Date of birth	
Contact telephone number	
E Mail address	

Trip details	
Departure date	
Trip duration	
Please provide details of the country/countries you will be visiting, the length of stay in each	
Location type - 1	Urban Rural Mixed Altitude
Location type - 2 (if applicable)	Urban Rural Mixed Altitude
Location type - 3 (if applicable)	Urban Rural Mixed Altitude
Purpose of trip	Business Pleasure/leisure Other
Type of trip	Package Self-organised Backpacking Camping Cruise ship Trekking
Accommodation	Hotel Other apartment/house Friends and Family Cruise ship Camping Camper van
Travelling	Alone With friends/family In an organised group
Activity type	Safari Adventure City Beach Other

List any long-term conditions or any other medical condition that you may have such as Asthma, Diabetes or Heart Failure	
List any allergies you have	
Have you ever had a serious allergic reaction to any vaccination in the past? If so, please provide details.	
Are you taking an immunosuppressant medication? If so, please detail.	Yes/No
Have you taken out the appropriate travel insurance for your trip?	
Are you pregnant or breast feeding?	Yes/No/Not applicable
Please provide any other information relevant to your travel/trip.	

Assessment by the Heathgate Nursing Team

Vaccine	Required - tick if needed
Hepatitis A	
Typhoid	
Combined diphtheria, tetanus & Polio	
Other NHS vaccine	
Other NHS vaccine	

Apply READ/SNOWmed code for Foreign Travel Risk Assessment (XaZAc)

Other vaccines to consider at a Private Clinic	
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Reception Team to contact patient and book appointment (20 minutes) in Nurse Clinic. This full assessment should be scanned to the medical journal.