

St Thomas Health Centre

Travel risk assessment form

Please complete this form prior to your travel appointment and bring it with you

Personal details

Name		Telephone	
Date of Birth		email	

Travel details

Country	Type of accomodation	Departure date	Length of stay	Journey purpose

Medical history

Yes No

Do you have any allergies for example to eggs or medications?		
Have you ever had a serious reaction to a vaccine given to you before?		
Do you have any significant medical history e.g. epilepsy, diabetes, kidney or liver disease?		
Do you have any history or mental illness including depression or anxiety?		
Have you recently undergone radiotherapy, chemotherapy, or steroid treatment?		
Do you have any history of immunosuppression e.g. thymus disorder or HIV?		
<i>Women only:</i> Are you breastfeeding, pregnant or planning to be?		

I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

Signed:.....

Date:.....