The University Of Sheffield. University Health Service.

UHS Travel Health Service Risk Assessment Form

Please download and complete this form, and send it to SHECCG.UniversityHealthService@nhs.net

Name:	Your country of origin:
	Date of birth:
	Male ☐ Female ☐
E mail:	Telephone number: 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 hotel	☐ Backpacking	☐ For Studies
☐ Business trip	☐ Cruise ship trip	☐ Camping/hostels	Additional information
☐ Expatriate	☐ Safari	☐ Adventure	
☐ Volunteer work	☐ Pilgrimage	☐ Diving	
☐ Healthcare worker	☐ Medical tourism	☐ Visiting friends/family	

PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY

	YES	NO	DETAILS
Are you fit and well today	☐	☐	
Any allergies including food, latex, medication	☐	☐	
Severe reaction to a vaccine before	☐	☐	
Tendency to faint with injections	☐	☐	
Any surgical operations in the past, including e.g. your spleen or thymus gland removed	☐	☐	
Recent chemotherapy/radiotherapy/organ transplant	☐	☐	
Anaemia	☐	☐	
Bleeding /clotting disorders (including history of DVT)	☐	☐	
Heart disease (e.g. angina, high blood pressure)	☐	☐	
Diabetes	☐	☐	
Disability	☐	☐	
Epilepsy/seizures	☐	☐	
Gastrointestinal (stomach) complaints	☐	☐	
Liver and or kidney problems	☐	☐	
HIV/AIDS	☐	☐	
Immune system condition	☐	☐	

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	YES	NO	DETAILS
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?	☐	☐	
Have you undergone FGM / been cut / circumcised	☐	☐	

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

PLEASE SUPPLY DATES OF 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	
Malaria Tablets					

Any additional information

Please now email this completed form to SHECCG.UniversityHealthService@nhs.net and then call 0114 222 2100 (or attend the UHS Reception Desk in person) to arrange your 1st Travel Risk Assessment appointment.

Travel risk assessment form devised by Jane Chiodini © 2012 in conjunction with resources below.

1. *Chiodini J, Boyne L, Grieve S, Jordan A. (2007) Competencies: An Integrated Career and Competency Framework for Nurses in Travel Health Medicine. RCN, London.*
2. *Field VK, Ford L, Hill DR, eds. (2010) Health Information for Overseas Travel. National Travel Health Network and Centre, London, UK.*

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