

TRAVEL HEALTH RISK ASSESSMENT FORM

Please complete a separate form for each person attending and return these to gram.travelhealth@nhs.scot



Name :			Your country of birth :		
Male / Female / Non-binary :			Date of Birth :		
Weight (if Baby or child) :			Date weight measured :		
Email :			Telephone Number :		
GP :					
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	LENGTH OF STAY (days)	MODE/S OF TRANSPORT		
Have you checked the Travel Health Pro website?		Y	N	Please detail recommendations from Travel Health Pro	
Have you checked your current vaccination history? (please detail in additional information on p 2)					N
Do you have travel health insurance for this trip? (covering pre-existing health conditions and planned activities if relevant.)					N
Do you plan to travel abroad again in the future?					N
GEOGRAPHICAL AREA - PLEASE INSERT X TO ALL THAT APPLY					
Urban	Coastal	Jungle	High Altitude(>3000m)		
Rural(Countryside)	Safari	Desert	other		
TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE INSERT X TO ALL THAT APPLY					
Holiday	Backpacking	Business/Work	Additional Information:		
Adventure/Gap Year	Cruise ship trip	Diving			
Expatriate/Long Term	Volunteer Work	Climbing			
Aide/Emergency Worker	Pilgrimage				
Visiting Friends/Family	Medical Tourism				
ACCOMMODATION – PLEASE INSERT X TO ALL THAT APPLY					
Hotel	Hostel	Camping	Staying with friends/family		
Jungle	Desert	Coastal	High Altitude(>3000m)		
PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
VACCINE	Date(s) of Vaccination	Dates not known (x)	VACCINE	Date(s) of Vaccination	Dates not known (x)
BCG			Cholera		
COVID-19			Diphtheria/Tetanus/ Polio		
Hepatitis A			Hepatitis A/B		
Hepatitis A/Typhoid			Hepatitis B		
Japanese Encephalitis			Influenza		
Meningitis ACWY			MMR		
Rabies			Tick-borne encephalitis		
Typhoid			Yellow Fever		
Malaria Tablets			Currently taking Malaria medication		
Other (complete details section below) :					

PLEASE SUPPLY DETAILS OF YOU PERSONAL MEDICAL HISTORY (please indicate with a X)			
	Yes	No	Details
Are you fit and well today			
Any Allergies including food, latex, medication			
Have you, or anyone in your family, had a severe reaction to a vaccine or malaria medication before?			
Have you ever had any surgery? e.g. open-heart surgery, spleen or thymus gland removal			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Additional needs and/or disability			
Epilepsy/seizures (or in a first degree relative?)			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
In the last 12 months, have you taken any medication, or had any treatment that could impair your immune system? e.g. chemotherapy/radiotherapy/organ transplant/ high dose steroids			
Have you, or a first degree relative (parent, brother, sister or child) ever experienced mental health issues, even mild anxiety, or depression?			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Do you have, or had, a condition that could impair your immune system condition e.g. blood cancer, HIV/AIDS			
Are you receiving regular treatment or follow up with your GP/ hospital specialist?			
Do you have any disability or mobility problems?			
Are you or your partner pregnant or planning a pregnancy?			
Are you breast feeding (if applicable)			
Have you or anyone in your family undergone FGM / been cut / circumcised			
Any other conditions?			
Please provide details – name, dose/frequency of any medication you are currently taking/prescribed (including prescribed, purchased or contraceptive pill?)			
Any additional information. – include any routine vaccinations;			

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.

Form devised and created by Jane Chiodini © updated 2022. (NHSG 2025)