

LEN VALLEY PRACTICE

TRAVEL RISK ASSESSMENT FORM – To be completed by traveller prior to appointment. One per person travelling.

This form should be completed by the person travelling (unless under 16). If you would like a representative to discuss your travel vaccinations on your behalf, please give their name:

.....

Your Details:

Name: _____ Date of Birth: _____

Address: _____ Male / Female _____

Email: _____ Telephone No: Home: _____ Mobile: _____

Please supply information about your trip:

Date of departure: _____ Length of trip: _____

Country(ies) to be visited	Exact location or region	City or Rural	Length of Stay
----------------------------	--------------------------	---------------	----------------

1.

2.

3.

Type of travel and purpose of trip – please tick all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Holiday | <input type="checkbox"/> Safari |
| <input type="checkbox"/> Business | <input type="checkbox"/> Pilgrimage |
| <input type="checkbox"/> Expatriate | <input type="checkbox"/> Medical Tourism |
| <input type="checkbox"/> Voluntary Work | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Healthcare Worker | <input type="checkbox"/> Camping/hostels |
| <input type="checkbox"/> Staying in a hotel | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Visiting family/friends | <input type="checkbox"/> Diving |
| <input type="checkbox"/> Cruise ship trip | |

