

TRAVEL RISK ASSESSMENT FORM –to be completed by traveller prior to appointment

Name:		Date of birth:			
Email:					
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					
<input type="checkbox"/> Holiday		<input type="checkbox"/> Staying in hotel		<input type="checkbox"/> Backpacking	
<input type="checkbox"/> Business trip		<input type="checkbox"/> Cruise ship trip		<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate		<input type="checkbox"/> Safari		<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work		<input type="checkbox"/> Pilgrimage		<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker		<input type="checkbox"/> Medical tourism		<input type="checkbox"/> Visiting friends/family	
Additional information					
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY					
	Yes	No	Details		
Any allergies including food, latex, medication	<input type="checkbox"/>	<input type="checkbox"/>			
Severe reaction to a vaccine before	<input type="checkbox"/>	<input type="checkbox"/>			
Recent chemotherapy/radiotherapy/organ transplant	<input type="checkbox"/>	<input type="checkbox"/>			
Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Mental health issues (including anxiety, depression)	<input type="checkbox"/>	<input type="checkbox"/>			
Women only					
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>			
Are you planning pregnancy while away?	<input type="checkbox"/>	<input type="checkbox"/>			
Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?					
PLEASE SUPPLY DATE ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/polio/diphtheria	dd/mm/yy	MMR	dd/mm/yy	Influenza	dd/mm/yy
Typhoid	dd/mm/yy	Hepatitis A	dd/mm/yy	Pneumococcal	dd/mm/yy
Cholera	dd/mm/yy	Hepatitis B	dd/mm/yy	Meningitis	dd/mm/yy
Rabies	dd/mm/yy	Japanese Encephalitis	dd/mm/yy	Tick Borne Encephalitis	dd/mm/yy
Yellow fever	dd/mm/yy	BCG	dd/mm/yy	Other	dd/mm/yy
Malaria Tablets: dd/mm/yy					
Any additional information					

FOR OFFICIAL USE – AUTHORISATION FOR A PATIENT SPECIFIC DIRECTION PSD

Following the completion of a travel risk assessment, the below named vaccines may be administered under this PSD to:

Patient Name:		D.O.B:	
Disease Protection	Yes	Decline Vaccine	Vaccine name, dose & Schedule for PSD
Adult			
Hepatitis A	<input type="checkbox"/>		Over 16years Avaxim PFS (0.5ml) X1 or Havrix Monodose PFS (1ml) X1
	<input type="checkbox"/>		Or if Over 18years Vaqta PFS (1ml) X1
Typhoid	<input type="checkbox"/>		Typhim Vi PFS 0.5ml (IM) X1 or Typherix PFS 0.5ml (IM) X1.
Hepatitis A & Typhoid combined	<input type="checkbox"/>		Viatim PFS 1ml (IM) X1 or Hepatyrrix PFS 1ml (IM) X1.
Hepatitis B	<input type="checkbox"/>		Engerix B PFS 0.5ml (IM) X3. 0-7-21days-12months apart, or 0-1-2months apart
Rabies	<input type="checkbox"/>		Rabipur PFS 1ml (IM) X3. 0-7-21days apart or Verorab PFS 0.5ml (IM) X3. 0-7-21days apart
Yellow Fever	<input type="checkbox"/>		Stamaril PFS 0.5ml (SC) X1
Diphtheria	<input type="checkbox"/>		Revaxis PFS 0.5ml (IM) X1
Tetanus	<input type="checkbox"/>		Revaxis PFS 0.5ml (IM) X1
Polio	<input type="checkbox"/>		Revaxis PFS 0.5ml (IM) X1
Japanese B Encephalitis	<input type="checkbox"/>		IXIARO 0.5ml (IM) X2. 0-28days apart (>3yrs & over)
Cholera	<input type="checkbox"/>		Dukoral sachets (ORAL) X2. 0-7days apart
Meningitis ACWY	<input type="checkbox"/>		Menveo 0.5ml (IM) X1 or Nimenrix 0.5ml (IM) X1.
Tick-borne Encephalitis			Tico-vac PFS 0.5ml (IM) X3 Day0-1 month to 3months-5months apart or rapid schedule day 0 – day 14 – 5months to 12 months (16yrs & over).
Children			
Japanese B Encephalitis	<input type="checkbox"/>		IXIARO 0.25ml (IM) X2. 0-28DAYS APART (2months to under 36months)
Tick-borne Encephalitis	<input type="checkbox"/>		Tico-vac Junior PFS 0.25ml (IM) X3. day0-1month to 3months-5months to 12months apart or Rapid schedule day0 -day14 - 5months to 12months (aged 1year to below 16years)
Typhoid	<input type="checkbox"/>		Typhim Vi PFS 0.5ml (IM) X1 or Typherix PFS 0.5ml (IM) X1. (>2yrs &over)
Hepatitis A	<input type="checkbox"/>		Havrix Junior monodose PFS 0.5ml (IM) X1 or Vaqta Paediatric PFS 0.5ml (IM) X1. (>1YEAR)
Hepatitis B	<input type="checkbox"/>		Engerix B Junior PFS 0.5ml (IM). 0-1month-2months or 0-1month-6months
Rabies	<input type="checkbox"/>		Rabipur PFS 1ml (IM) X3. 0-7-21days apart or Rabies Vaccine BP PFS 1ml (IM) X3. 0-7-21days apart or Verorab PFS 0.5ml (IM) X3. 0-7-21days apart
Yellow Fever	<input type="checkbox"/>		Stamaril PFS 0.5ml (SC) X1
Meningitis ACWY	<input type="checkbox"/>		Menveo 0.5ml (IM) X1. 0-1month apart or Nimenrix 0.5ml (IM) X1. 0-1month apart. (birth - 1 year)
Cholera	<input type="checkbox"/>		Dukoral sachets (ORAL- Granules to be dissolved in 75ml of the prepared solution) X2. 0-1week to 6 weeks-1week to 6weeks apart (2years-6years)

(Please be aware that all schedules are written as the minimum intervals, the prescriber authorises the administer to give these vaccinations outside of these schedules as long as the minimum intervals are met)

Authorisation for Patient Specific Direction (PSD) use:

Name:

Signature:

Date: