



Elizabeth Courtauld
Partnership

North Chelmsford NHS Healthcare Centre

Sainsbury's
2 White Hart Lane
Chelmsford
CM2 5EF

Tel: 0300 123 3366
Fax: 0300 123 4466

Dear Patient

North Chelmsford Healthcare Centre provides NHS-funded travel vaccines **only** which are:

- Typhoid
- Hepatitis A
- Polio
- Cholera
- MMR

Please complete one travel form per family member travelling and ensure all areas on the form have been completed.

Once we receive your completed travel form at the practice, we will send you a link to the travel website where you can look up which travel vaccines you need for your destination.

<http://travelhealthpro.org.uk>

The nurse will telephone you within 2 weeks to go over your completed travel form/s. If the nurse assesses that you need travel vaccinations, an appointment will be made in 4-6 weeks from the time you handed your form/s into reception. **If you need an appointment quicker than this, please go to your nearest travel clinic.**

Thank you.

North Chelmsford Healthcare Centre

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For Office Use Only at point of returning completed forms:

Telephone appointment booked by Receptionist

Front letter to be returned to Patient

www.nchc.gpsurgery.net



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

Name:		Your country of origin:	
		Date of Birth:	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>
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.			
<p>What modes of transport will you be using?</p> <p>Have you taken out travel insurance for this trip?</p> <p>Do you plan to travel abroad again in the future?</p>			
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	<u>Additional Information</u>
<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	

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PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	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?			
Tendency to faint with injections			
Any surgical operations in the past, including eg, open-heart surgery, spleen or thymus gland removal?			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding / clotting disorders (including history of DVT)			
Heart disease (Eg, 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			
HIV/AIDS			
Immune system condition eg, blood cancer			
Mental health issues (including, anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
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			

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

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PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST

Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Chloera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick borne encephalitis	
Yellow fever		BCG		Other	
COVID-19 (dates, brand etc.)					
Malaria Tablets					

Any additional information:

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For office use only:

Appointment Date Given:	
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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

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