



# The Crown Medical Centre

Venture Way, Taunton, TA2 8QY

Tel: 01823 282151

Fax: 01823 250179

## PRE TRAVEL ASSESSMENT FORM – BOTH SIDES TO BE COMPLETED

Date Received: \_\_\_\_\_

### PERSONAL DETAILS:

Name		Home Nmb	
Date of birth		Mob Nmb	
Age		Occupation	

### TRAVEL DETAILS:

Destination								
Date of travel								
Length of stay								
Journey Purpose								
Travelling with?	Alone	<input type="checkbox"/>	Family	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Colleague	<input type="checkbox"/>

Please indicate type of trip:

Package	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>	Expedition/Adventure	<input type="checkbox"/>	Aid Worker	<input type="checkbox"/>	Cruise	<input type="checkbox"/>
Pilgrimage	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Visiting Friends & Family	<input type="checkbox"/>	Charity	<input type="checkbox"/>	Cycling	<input type="checkbox"/>
Self-catering	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Climbing/Mountaineering	<input type="checkbox"/>	Marathon	<input type="checkbox"/>		
Other:									<input type="checkbox"/>

Will you be in transit in any country before reaching your destination for 12 hours or more? Yes  No

Country	Arrival Date	Accommodation Style	Length of Stay

### MEDICAL HISTORY:

Do you have any of the following?	Yes	No
Any history of respiratory illness? E.g. Asthma/COPD		
Any history of heart disease or high blood pressure?		
Any history of diabetes or epilepsy?		
Any history of gastro-intestinal illness, liver or kidney disease?		
Any history of chemotherapy, radiotherapy or steroid treatment?		
Any history of immunosuppression e.g. thymus disorder or HIV/AIDS?		
Any history of mental health (psychiatric) illness e.g. depression?		
Are you breastfeeding, pregnant or planning a pregnancy?		
Do you have any allergies? If yes, please list		
Are you taking any medication? Prescribed or other? If yes, please list		
Do you have any significant medical history not mentioned above? If yes, please state		

### CONSENT:

Signature of patient		Date	
Signature of parent/guardian			

Partners: Dr A Lambert, Dr T Langston, Dr K Foot, Dr R Moss, Dr H Jenkins & Dr A Foster  
 Salaried GP's: Dr C Jennings  
 Managing Partner: Mrs C Gregory



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## Vaccine Information

Please tick the following vaccinations that you have been given and dates if known.

Please add details of any other vaccination you have had.

Vaccine	Date Given
Hepatitis A	
Hepatitis B	
Typhoid	
Diphtheria	
Tetanus	
Polio	
Yellow Fever	
Rabies	
Japanese Encephalitis	
Meningitis ACWY	
MMR	
Cholera	
Malaria Prophylaxis	
Other:	

To be completed by Travel Nurse	Date
Accurx text sent confirming receipt of travel form	
Travel destination reviewed	
Ardens travel form completed on EMIS	
Accurx text sent confirming vaccinations required	
Accurx text with travel info sent confirming vaccinations not required	

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