

PRE TRAVEL ASSESSMENT FORM

Date Received: _____

PERSONAL DETAILS:

Name	Home Nmb	
Date of birth	Mob Nmb	
Age	Occupation	

TRAVEL DETAILS:

Destination						
Date of travel						
Journey Purpose						
Travelling with?	Alone	D F	amily	Friends	Colleague	

Please indicate type of trip:

Package	Backpacking		Expedition/Adventure	Aid		Cruise	
				Worker			
Pilgrimage	Camping		Visiting Friends & Family	Charity		Cycling	
Self-catering	Diving		Climbing/Mountaineering	Marathon			
Other:	•	•	· · · · · · · · · · · · · · · · · · ·	•	•		

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		



The Crown Medical Centre

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