**PRE TRAVEL ASSESSMENT FORM** Date Received: …………

1. **Personal Details**:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone |  |
| Date of Birth |  | Mobile |  |
| Age |  | Occupation |  |

B) **Travel Details:** **DATE OF TRVEL**: ………………………

|  |  |
| --- | --- |
| Journey Purpose:  |  |
| Travelling with: | Alone |  | Family  |  | Friends |  | Colleague |  |

*Please Indicate type of trip*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Package | Backpacking | Cruise |  Expedition/Adventure | Aid worker | Visiting Friends and Family |
| Pilgrimage  | Camping  | Charity  | Self-catering | Cycling | Climbing/Mountaineering |
| Diving  |  Marathon | Other: |

Will you be in transit in any country before reaching your destination for 12 hrs or more: Y / N

|  |  |  |  |
| --- | --- | --- | --- |
| Country | Arrival Date  |  Accommodation Style | Length of Stay |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C) **Medical History**:

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

d) **Consent**:

Signature: ………………………………………………………………………… Date:

Signature of Guardian: …………………………………………………….. Date: