# Travel Medicine Risk Assessment and Vaccine Record

**Client Name:**_____

**Client Address:**_____

_____

_____ **Post code** _____

☎**Tel no:**_____

☎**Mobile no:**_____

**Email address**_____

**Date of Birth:**_____

**Community Pharmacy:** *(stamp)*

**Assessment undertaken by:**

**Name**_____ **Date**_____

**GP Name:**_____

**Address:**_____

_____

## *Personal profile*

**Significant past medical history** **Y N**

**Current health problems** **Y N**

**Any current medications** **Y N**

**Allergies** **Y N**

## *Travel profile*

**Date of Departure:**_____

**Travelling to (country + length of stay)**

**1.**

**2.**

**3.**

**Reason for travel**

**Type of accommodation, rural/city**

**General Comments**

| | | | |
|---|---|---|---|
| **Pregnant or planning within next 3 months?** | **Y** | **N** | |
| **Breastfeeding?** | **Y** | **N** | |

| ***Is there a risk of malaria?*** | **Y** | **N** | ***General travel health advice given*** | **Y** | **N** |
|---|---|---|---|---|---|
| **Aware/understanding of how contracted** | **Y** | **N** | **Food & water** ❑ | **Health insurance** ❑ | |
| **Bite avoidance (nets, repellents etc)** | **Y** | **N** | **Safety issues etc** ❑ | **Safe sun** ❑ | |
| **Signs, symptoms, diagnosis)** | **Y** | **N** | **Other** | | |
| **(Weight of child)**_____ | **Y** | **N** | | | |
| **Chemoprophylaxis recommended** | **Y** | **N** | **Notes** | | |
| Chloroquine ❑ Proguanil ❑ Doxycycline ❑ | | | | | |
| Mefloquine ❑ Malarone ❑ | | | | | |

***Details of chemoprophylaxis supplied***

**Drug(s) strength, dosage, quantity and batch number/expiry**

**Supplied by: (pharmacist name)** _____ **Signature** _____**Date**_____

***Previous vaccine history***

| **Vaccine** | | | **Date Given** | **Recommended for current trip?** | **Notes:** (eg: referral to GP or travel clinic**)** |
|---|---|---|---|---|---|
| Tetanus | **Y** | **N** | | | |
| Diphtheria | **Y** | **N** | | | |
| Cholera | **Y** | **N** | | | |
| Polio | **Y** | **N** | | | |
| Typhoid | **Y** | **N** | | | |
| Hepatitis A 1st or booster | **Y** | **N** | | | |
| Hepatitis B 1st, 2nd, 3rd, 4th | **Y** | **N** | | | |

| | | | | | |
|---|---|---|---|---|---|
| Meningitis $ACW_{135}Y$ | **Y** | **N** | | | |
| Rabies | **Y** | **N** | | | |
| BCG | **Y** | **N** | | | |
| Japanese B encephalitis | **Y** | **N** | | | |
| Tick Borne encephalitis | **Y** | **N** | | | |
| Yellow fever | **Y** | **N** | | | |
| MMR | **Y** | **N** | | | |
| Other | **Y** | **N** | | | |

***Planned vaccine schedule for current trip***

| **Vaccine** | **Appointment date:**_____ | **Appointment date:**_____ | **Appointment date:**_____ | **Appointment date:** _____ | **Additional comments** |
|---|---|---|---|---|---|
| | Site given* + batch number + Date given | Site given* + batch number + Date given | Site given* + batch number + Date given | Site given* + batch number + Date given | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Given by** | Print name | Print name | Print name | Print name | **Name.** |
| | Signature | Signature | Signature | Signature | **Signature** |

* R= right arm; L= left arm; UL = upper left arm; UR = upper right arm; LL= lower left arm; LR = lower right arm.

I agree to be given the above vaccines, by a specially trained pharmacist. I have read and understood the patient information provided and acknowledge the advice given by the pharmacist. I confirm that the personal and travel details documented is an accurate reflection of the information provided by myself. I understand that the pharmacist will inform my GP & NHS Grampian of any immunisations given unless I specifically requested otherwise. I agree that the details I have given above in relation to presenting for this vaccine can be recorded and used anonymously in order to evaluate and improve the service for future health care needs.

Name:_____ Signature: _____ Date:

**CONTINUATION SHEET**

| *Planned vaccine schedule for current trip* | | | | | |
|---|---|---|---|---|---|
| **Vaccine** | **Appointment date:**_____ | **Appointment date:**_____ | **Appointment date:**_____ | **Appointment date:** _____ | **Additional comments** |
| | Site given* + batch number + Date given | Site given* + batch number + Date given | Site given* + batch number + Date given | Site given* + batch number + Date given | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| **Given by** | Print name | Print name | Print name | Print name | **Name.** |
| | Signature | Signature | Signature | Signature | **Signature** |