

WeightLoss

Planned activities

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Pre-travel risk assessment form

Please complete this form prior to your appointment and return it on your appointment date. The information you provide will help us to assess your travel health needs before your trip.

Name							
Date of Birth	Male/Female						
Date of travel							
Date of return							
Destination: Give details of the countries you will be visiting, in the correct order, including any country you may be just passing through.							
Country to be visited Area/region	Length of stay	Type of accommodation	Travelling to remote areas or away from medical help?				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
Type of travel: Circle which activity best describes the purpose of your trip							
Reason for travel	Business	Pleasure	Other				
Type of holiday/travel	Package	Cruising	Trekking				
	Self organise	ed Camping	Backpacking				
Are you travelling with	Family	Group	Alone				

Leisure

Adventure

Safari

Personal Medical History:
Give details of any conditions which may affect your travel plans

Do you have any current or past medical conditions of any note
e.g. pregnancy, diabetes, heart or lung conditions, epilepsy, thymus disorders
cancer, HIV
List any medication that you are taking
Do you have or have you ever had any of the following:
Alleraies (e.a. eags antihiotics)

Allergies (e.g. eggs, antibiotics)	
A previous reaction to any vaccine	
Recent surgery	
Treatment with steroids,	
chemotherapy or radiotherapy	
High blood pressure	
Epilepsy	
Fainting	
Anxiety, depression or mental illness	

Vaccination History: Please tick any travel vaccine that you have previously been given stating when.

Travel Vaccine	Date(s) given if known
Tetanus	
Polio	
Diphtheria	
Hepatitis A	
Hepatitis B	
Typhoid	
Meningitis	
Rabies	
Yellow Fever	
Japanese B Encephalitis	
Tick-borne Encephalitis	
Influenza	

Malaria: List the name of any malaria tablets that you have previously ta if you cannot remember the name of the tablet it may be useful to list the	
country visited.	
1.	
2.	
3.	
Please give any further information that you feel may be relevant	
I have received travel information and advice on the risk and benefi vaccines recommended and have had the opportunity to ask quest I consent to the vaccines being given.	
Signed: Date:	_