

FALKLAND TRAVEL RISK ASSESSMENT

NAME	DATE OF BIRTH	CONTACT PHONE
DATE OF DEPARTURE	RETURN DATE	OVERALL LENGTH OF STAY
COUNTRY <u>AND</u> LOCATION TO BE VISITED	LENGTH OF STAY	AWAY FROM MEDICAL HELP?
1.		
2.		

PLEASE TICK AS APPROPRIATE BELOW ALL BOXES BEST DESCRIBING YOUR TRIP

TYPE OF TRIP	BUSINESS		PLEASURE		OTHER	
HOLIDAY TYPE	PACKAGE		SELF ORGANISED		BACKPACKING	
	CAMPING		CRUISE SHIP		TRECKING	
ACCOMODATION	HOTEL		FAMILY HOME		OTHER	
TRAVELLING	ALONE		FAMILY/FRIEND		IN A GROUP	
AREA STAYING	URBAN		RURAL		ALTITUDE	
ACTIVITIES	SAFARI		ADVENTURE		OTHER	

PERSONAL MEDICAL HISTORY

Do you have any recent/past medical history? (inc, heart, diabetes, lung conditions)
List any current/repeat medications
Do you have any allergies for example to eggs, antibiotics, nuts or latex?
Have you ever had a serious reaction to a vaccine before?
Does having an injection make you feel faint?
Do you or any close family have epilepsy?
Do you have any history of mental illness including depression or anxiety?
Have you recently undergone radiotherapy, chemotherapy or steroid treatment?
Women only: Are you pregnant, planning pregnancy or breastfeeding?
Have you taken out insurance and if you have a medical condition informed the company?

SIGNED BY THE PATIENT.....DATE.....

Patient to complete the above please, nurse completes overleaf

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PATIENT NAME	EMIS NUMBER	ASSESSMENT PERFORMED YES.... NO.....
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TRAVEL VACCINES RECOMMENDED FOR THIS TRIP confirm with Green Book on line

DISEASE PROTECTION	YES	NO	PT DECLINED	VACC NAME,DOSE,SCHEDULE FOR PSD
HEPATITIS A				
HEPATITIS B ADULT (16YRS AND OVER)				HB vaxpro 10mcg 0,1,6 months HB vaxpro 10mcg 0,1,2,12,months
				Engerix B 20mcg 0,1,6 months Engerix B 20mcg 0,1,2,12 months
				Engerix B 20mcg 0,7,21 days & 12 months
HEPATITIS B PAED (15YRS AND BELOW)				HB vaxpro 5mcg 0,1,6 months HB vaxpro 5mcg 0,1,2,12 months
				Engerix B 10mcg 0,1,6 months Engerix B 10mcg 0,1,2,12 months
HEPATITIS B PAED (11-15YRS inc)				ENGERIX B 20mcg 1,6 months, only if risk is low & course completed before risk is high
TYPHOID				See PGD
CHOLERA				Dukoral 1 sachet 1, 2 -6 weeks 6yrs and above, mix & discard ½ solution 1,2,3, weeks 2-6yrs
TETANUS				
DIPHTHERIA				
POLIO				
MENINGITIS ACWY				Menveo 0.5ml from 2yrs, 1 dose. Age 2-5yrs still at risk may have 2 nd dose
YELLOW FEVER				Stamaril 0.5ml, 1 dose Over 9months
RABIES				Rabies 2.5mlU/ml 0,7,28 days Rabipur 1ml 0,7,21,or 28 days
JAPANESE B ENCEPHALITIS				IXIARO 0.5ml 0, 28 days 17yrs & above 0-36 month, Green Cross 0,7-14, 28-30

MALARIA PREVENTION ADVICE AND MALARIA PROPHYLAXIS, script to GP for signature

CHLOROQUIN AND PROGUANIL		AROVAQUONE +PROGUANIL	
CHLOROQUINE		MEFLOQUINE	
DOXYCYCLINE		MALARIA ADVICE LEAFLET GIVEN BITE AVOIDANCE ADVICE GIVEN	

AUTHORISATION FOR PATIENT SPECIFIC DIRECTION (PSD) USE for the above patient

GP NAME	SIGNATURE	DATE
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PATIENT CONSENT, CONFIRMATION OF NO KNOWN CONTRAINDICATIONS OR PREGNANCY

Signature.....Date.....