

Bridgnorth Medical Practice

Northgate Health Centre, Northgate, Bridgnorth, Shropshire, WV16 4EN
Tel: 01746 767121 Fax: 01746 765433
Email: bridgnorth.medicalpractice@nhs.net
www.bridgnorthmedicalpractice.co.uk



We do not give vaccinations if your travel is **less than 6 weeks** away. Therefore, if your travel is less than 6 weeks away, please contact your nearest travel clinic for your vaccinations.

TRAVEL RISK ASSESSMENT FORM – ideally to be completed by traveler prior to appointment.

Name:	Your country of origin:		
	Date of birth:		
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>
E mail:	Telephone number:		
	Mobile number:		
PLEASE SUPPLY INFORMATION ABOUT YOUR TRIP IN THE SECTIONS BELOW			
Date of departure:		Total length of trip:	
COUNTRY TO BE VISITED	EXACT LOCATION OR REGION	CITY OR RURAL	LENGTH OF STAY
1.			
2.			
3.			
What modes of transport will you be using? Have you taken out travel insurance for this trip? Do you plan to travel abroad again in the future?			
TYPE OF TRAVEL AND PURPOSE OF TRIP - PLEASE TICK ALL THAT APPLY			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Staying in hotel	<input type="checkbox"/> Backpacking	<u>Additional information</u>
<input type="checkbox"/> Business trip	<input type="checkbox"/> Cruise ship trip	<input type="checkbox"/> Camping/hostels	
<input type="checkbox"/> Expatriate	<input type="checkbox"/> Safari	<input type="checkbox"/> Adventure	
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Pilgrimage	<input type="checkbox"/> Diving	
<input type="checkbox"/> Healthcare worker	<input type="checkbox"/> Medical tourism	<input type="checkbox"/> Visiting friends/family	
PLEASE SUPPLY DETAILS OF YOUR PERSONAL MEDICAL HISTORY			
	YES	NO	DETAILS
Are you fit and well today			
Any allergies including food, latex, medication			
Have you, or anyone in your family, had a severe reaction to a vaccine or malaria medication before?			

Partners

Dr M Magill, Dr H Millar, Dr G Potter, Dr J Swallow,
Dr J Tatton, Dr A Tindall, Dr S Wright, Dr S Yell, Dr R Raja

Practice Manager

Dude Newell

Dedicated to Quality Clinical Care

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Tendency to faint with injections			
Any surgical operations in the past, including e.g. open-heart surgery, spleen or thymus gland removal?			
Recent chemotherapy/radiotherapy/organ transplant			
Anaemia			
Bleeding /clotting disorders (including history of DVT)			
Heart disease (e.g. angina, high blood pressure)			
Diabetes			
Additional needs and/or disability			
Epilepsy/seizures (or in a first degree relative?)			
Gastrointestinal (stomach) complaints			
Liver and or kidney problems			
HIV/AIDS			
Immune system condition e.g. blood cancer			
Mental health issues (including anxiety, depression)			
Neurological (nervous system) illness			
Respiratory (lung) disease			
Rheumatology (joint) conditions			
Spleen problems			
Any other conditions?			
Are you or your partner pregnant or planning a pregnancy?			
Are you breast feeding (if applicable)			
Have you or anyone in your family undergone FGM / been cut			

Are you currently taking any medication (including prescribed, purchased or a contraceptive pill)?

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PLEASE SUPPLY INFORMATION ON ANY VACCINES OR MALARIA TABLETS TAKEN IN THE PAST					
Tetanus/polio/diphtheria		MMR		Influenza	
Typhoid		Hepatitis A		Pneumococcal	
Cholera		Hepatitis B		Meningitis	
Rabies		Japanese encephalitis		Tick borne encephalitis	
BCG		Other			
COVID-19 (dates, brand etc.)					
Malaria Tablets					

Any additional information