

TRAVEL RISK MANAGEMENT FORM

FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM					
Patient Name:		dob:			
Childhood immunisation history checked:					
Additional information:					
National database consulted for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required): NaTHNaC: TRAVAX: Other:					
Disease protection advised	Yes	Disease protection advised	Yes	Malaria Chemoprophylaxis Recommendation	Yes
BCG/Mantoux		Influenza		Atovaquone/proguanil	
Cholera		Meningitis ACWY		Chloroquine only	
Dip/tetanus/polio		MMR		Chloroquine and proguanil	
Hepatitis A		Rabies		Doxycycline	
Hepatitis B		TBE		Mefloquine	
Hepatitis A+B		Typhoid		Proguanil only	
Hepatitis A + Typhoid		Yellow fever		Emergency standby	
Japanese Encephalitis		Other		Weight of child:	
Vaccine and General Travel Advice required/provided					
Potential side effects of vaccines discussed Patient Information Leaflet (PIL) from packaging or from www.medicines.org.uk/emc/ given					
Patient consent for vaccination obtained: verbal <input type="checkbox"/> written <input type="checkbox"/>					
Post vaccination advice given: verbal <input type="checkbox"/> written <input type="checkbox"/>					
General travel advice leaflet given (all topics below in the surgery/clinic advice leaflet) and patient asked to read entire leaflet due to insufficient time to advise verbally on every topic: Yes / No					
Items ticked below indicate topics discussed specifically within the consultation:					
Prevention of accidents		Mosquito bite prevention			
Personal safety and security		Malaria prevention advice			
Food and water borne risks		Medical preparation			
Travellers' diarrhoea advice		Sun and heat advice			
Sexual health & blood borne virus risk		Journey/transport advice			
Rabies specific advice		Insurance advice			
Other specific specialised advice / information given on: e.g. smoking advice for a long haul flight; altitude advice; prevention of schistosomiasis etc.					
Source of advice used for further information : NaTHNaC TRAVAX Other					
OR no additional specialised advice given <input type="checkbox"/>					

Additional patient management or advice taken following risk assessment – for example

- Vaccine(s) patient declined following recommendation, and reason why
- Telephoned NaTHNaC or TRAVAX for advice or used Malaria Reference laboratory fax service
- Contacted hospital consultant for specific information in respect of a complex medical condition
- Identified specific nature/purpose of VFR travel

Authorisation for a Patient Specific Direction (PSD)

Following the completion of a travel risk assessment, the below named vaccines may be administered under this PSD to:

Name:**dob:**

Name, form & strength of medicine (generic/brand name as appropriate)	Dose, schedule and route of administration	Start and finish dates

Signature of Prescriber	Date

Post Vaccination administration

Vaccine details recorded on patient computer record (vaccine name, batch no., stage, site, etc.)	Y / N
SMS vaccines reminder or post card reminder service set up	Y / N
Travel record card supplied or updated:	Y / N
Travel risk management consultation performed by: (sign name and date)	