## TRAVEL RISK MANAGEMENT FORM

**FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>dob:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood immunisation history checked:</td>
<td></td>
</tr>
<tr>
<td>Additional information:</td>
<td></td>
</tr>
</tbody>
</table>

### National database consulted for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required):

<table>
<thead>
<tr>
<th>Disease protection advised</th>
<th>Yes</th>
<th>Disease protection advised</th>
<th>Yes</th>
<th>Malaria Chemoprophylaxis Recommendation</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG/Mantoux</td>
<td>Yes</td>
<td>Influenza</td>
<td>Yes</td>
<td>Atovaquone/proguanil</td>
<td>Yes</td>
</tr>
<tr>
<td>Cholera</td>
<td>Yes</td>
<td>Meningitis ACWY</td>
<td>Yes</td>
<td>Chloroquine only</td>
<td>Yes</td>
</tr>
<tr>
<td>Dip/tetanus/polio</td>
<td>Yes</td>
<td>MMR</td>
<td>Yes</td>
<td>Chloroquine and proguanil</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Yes</td>
<td>Rabies</td>
<td>Yes</td>
<td>Doxycycline</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Yes</td>
<td>TBE</td>
<td>Yes</td>
<td>Mefloquine</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis A+B</td>
<td>Yes</td>
<td>Typhoid</td>
<td>Yes</td>
<td>Proguanil only</td>
<td>Yes</td>
</tr>
<tr>
<td>Hepatitis A + Typhoid</td>
<td>Yes</td>
<td>Yellow fever</td>
<td>Yes</td>
<td>Emergency standby</td>
<td>Yes</td>
</tr>
<tr>
<td>Japanese encephalitis</td>
<td>Yes</td>
<td>Other</td>
<td>Yes</td>
<td>Weight of child:</td>
<td>Yes</td>
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</tbody>
</table>

### 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/](http://www.medicines.org.uk/emc/) given

Patient consent for vaccination obtained:  
- verbal ❑  
- written ❑

Post vaccination advice given:  
- verbal ❑  
- written ❑

**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 ❑

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PTO
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
- Given appropriate advice in relation to pregnancy and planned conception if travelling to Zika risk area
- 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:**

<table>
<thead>
<tr>
<th>Name, form &amp; strength of medicine (generic/brand name as appropriate)</th>
<th>Dose, schedule and route of administration</th>
<th>Start and finish dates</th>
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**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)

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