**TRAVEL RISK MANAGEMENT FORM**

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| **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 Yes**  **Recommendation** | |
| BCG/Mantoux |  | Influenza |  | Atovaquone/proguanil | |
| Cholera |  | Meningitis ACWY |  | Chloroquine only | |
| COVID-19 |  | MMR |  | Chloroquine and proguanil | |
| Dip/tetanus/polio |  | Rabies |  | Doxycycline | |
| Hepatitis A |  | TBE |  | Mefloquine | |
| Hepatitis B |  | Typhoid |  | Proguanil only | |
| Hepatitis A+B |  | 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/ giv](http://www.medicines.org.uk/emc/)en | | | | |  |
| 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. COVID-19 supportive advice, 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 □ | | | | | |

**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 e mail 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
* Discussed traveller responsibility regarding COVID-19 travel requirements if necessary

 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:**

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| **Name, form & strength of medicine**  (generic/brand name as appropriate) | **Dose, schedule and route of administration** | **Start and finish dates** |
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| **Signature of Prescriber** | **Date** |
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**Post Vaccination administration**

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| 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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