

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 | |
| 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/ 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. 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 <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 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:**

| 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 |
|-------------------------|------|
| | |

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) | |