

## TRAVEL RISK MANAGEMENT FORM

FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM					
<b>Patient Name:</b>			<b>dob:</b>		
Childhood immunisation history checked:					
Additional information:					
<b>National database consulted</b> for travel vaccines recommended for this trip and malaria chemoprophylaxis (if required): <b>NaTHNaC:</b> <b>Other:</b>					
<b>Disease protection advised</b>	<b>Yes</b>	<b>Disease protection advised</b>	<b>Yes</b>	<b>Malaria Chemoprophylaxis Recommendation</b>	<b>Yes</b>
BCG/Mantoux		Japanese encephalitis		Atovaquone/proguanil	
Chikungunya		Meningitis ACWY		Doxycycline	
Cholera		MMR/MMRV		Mefloquine	
Dengue		Rabies		Chloroquine only	
Dip/tetanus/polio		TBE		Emergency standby	
Hepatitis A		Typhoid		Weight of child:	
Hepatitis B		Yellow fever		Any Further notes	
Hepatitis A+B		Other			
Influenza / COVID19					
<b>Vaccine and General Travel Advice required/provided</b>					
Potential side effects of vaccines discussed Patient Information Leaflet (PIL) from packaging or from <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> 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"/>					
<b>General travel advice</b> 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: <b>Yes / No</b>					
<b>Items ticked below indicate topics discussed specifically within the consultation:</b>					
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			
<b>Other specific specialised advice / information given on:</b> 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                      Other					
<b>OR</b> 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 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
- 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 (see the [SPS website](#) for more details):

**Name:****dob:**

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

<b>Signature of Prescriber</b>	<b>Date</b>

**Post Vaccination administration**

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