

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:** **Other:**

Disease protection advised	Yes	Disease protection advised	Yes	Malaria Chemoprophylaxis Recommendation	Yes
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					

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 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 Other

QR no additional specialised advice given □

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:** _____

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)