

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	
Dip/tetanus/polio		MMR		Chloroquine and proguanil	
Hepatitis A		Rabies		Doxycycline	
Hepatitis B		TBE		Mefloquine	
Hepatitis A+B		Typhoid		Proguanil only	
Hepatitis A + Typhoid		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 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

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:**

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)	