**Croft Hall Medical Practice 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **Travel Risk Assessment Form**  Name: Date of birth:  Telephone:  Address: Alternative Telephone:  Email: | | | |
| **Travel Details:** | | | |
| Departure Date:  Return Date: | | Total Length of Trip: | |
| **Country/Destinations** | **Region** | | **Length of Stay** |
| 1. |  | |  |
| 2. |  | |  |
| 3. |  | |  |
| 4. |  | |  |
| 5. |  | |  |
| 6. |  | |  |
| |  | | --- | | **Purpose of Trip:**  Adventure/Gap year:  Aid work/Emergency response:  Business/Work trip:  Charity/Volunteer:  Cruise:  Diving:  Health worker  Holiday:  Long term/Expatriate:  Medical treatment:  Pilgrimage:  Visiting friends and family:  Other: |   **Women only**  Are you pregnant, breastfeeding or planning pregnancy whilst travelling?  Yes No | | | |
| **Babies and Children Only:**  Current weight: Date: | | | |
| **Do you have current travel health insurance?**  Yes No | | | |
| **Any other appropriate information or further details, please provide below:** | | | |

Questions and information accessed from Travel Health Pro. Available from: <https://travelhealthpro.org.uk/media_lib/mlib-uploads/full/example-risk-assessment-risk-management-checklist-2018.pdf>