

# Dr Molony and Partners

## TRAVEL RISK ASSESSMENT FORM

Date and time of appointment:

| Personal details   |                     |                          |   |                          |             |                          |
|--|---------------------|--------------------------|---|--------------------------|-------------|--------------------------|
| Name:  |                     |                          | Date of birth:  |                          |             |                          |
| Easiest contact telephone number :   |                     |                          |   |                          |             |                          |
| Dates of trip  |                     |                          |   |                          |             |                          |
| Date of Departure :  |                     |                          | Date of Return :  |                          |             |                          |
| Itinerary and purpose of visit   |                     |                          |   |                          |             |                          |
| Countries to be visited  | Region/s (if known) | Length of stay           | Away from medical help at destination, if so, how remote? |                          |             |                          |
|  |                     |                          |   |                          |             |                          |
| Please tick as appropriate below to best describe your trip  |                     |                          |   |                          |             |                          |
| 1. Type of trip  | Business            | <input type="checkbox"/> | Pleasure  | <input type="checkbox"/> | Other       | <input type="checkbox"/> |
| 2. Holiday type  | Package             | <input type="checkbox"/> | Self organised  | <input type="checkbox"/> | Backpacking | <input type="checkbox"/> |
|  | Camping             | <input type="checkbox"/> | Cruise ship   | <input type="checkbox"/> | Trekking    | <input type="checkbox"/> |
| 3. Accommodation   | Hotel               | <input type="checkbox"/> | Relatives / family home                                   | <input type="checkbox"/> | Other       | <input type="checkbox"/> |
| 4. Travelling  | Alone               | <input type="checkbox"/> | With family / friend                                      | <input type="checkbox"/> | In a group  | <input type="checkbox"/> |
| 5. Staying in area which is  | Urban               | <input type="checkbox"/> | Rural   | <input type="checkbox"/> | Altitude    | <input type="checkbox"/> |
| 6. Planned activities  | Safari              | <input type="checkbox"/> | Adventure   | <input type="checkbox"/> | Other       | <input type="checkbox"/> |
| Any Other Relevant Information   |                     |                          |   |                          |             |                          |
|  |                     |                          |   |                          |             |                          |
| Wherever possible please visit the following website and print off any relevant information for the countries you are visiting. The information along with this form should be brought with you to your appointment. |                     |                          |   |                          |             |                          |
| <a href="http://www.fitfortravel.scot.nhs.uk">www.fitfortravel.scot.nhs.uk</a>   |                     |                          |   |                          |             |                          |