

HOLBROOK SURGERY  
Bartholomew Way, Horsham, RH12 5JL  
01403 339818

**HOLBROOK SURGERY PRE-TRAVEL RISK ASSESSMENT FORM**

Please call the surgery to make a 20 minute appointment, preferably 6 weeks prior to your travel date. Please be aware we might not have the capacity to offer last minute travel appointments if you are travelling within 6 weeks and you may need to attend a private travel clinic.

**NOT ALL TRAVEL VACCINES ARE AVAILABLE ON THE NHS AND INCUR A CHARGE**

Prior to your appointment complete one form per traveller and bring this to your appointment ,download and read our travel health advice leaflet from our website [www.holbrooksurgery.com](http://www.holbrooksurgery.com). Also visit [www.travelhealthpro.org.uk](http://www.travelhealthpro.org.uk) prior to your travel appointment so that you will have an understanding of what you may require.

IF YOU HAVE ANY QUESTIONS YOU WILL HAVE THE OPPORTUNITY TO RAISE THESE AT YOUR APPOINTMENT

**TRAVELLER INFORMATION (one per traveller):**

**NAME:** **Date of Birth:**

**Destination(s):**

Use a separate page if necessary

**NB:** If you are intending to travel within the country(ies) please bring details of your travel itinerary as further vaccines may be recommended.

**Date of departure and length of stay:** .....

**Reason for trip:** Holiday / Business / Volunteer Work / Other (please state) .....

**Type(s) of Accommodation:** Hotel / Hostel / Cruise / Other (please state) .....

**Any excursions or sports/adventure activities planned?:** No / Yes (please state)  
.....

**Female only: Are you currently pregnant? Yes/No**

**Pregnancy planned in the next 6 months? Yes/No**

**Any further information you feel we should be aware of:** .....

**I DECLARE THE INFORMATION ON THIS FORM HAS BEEN UNDERSTOOD AND COMPLETED CORRECTLY**

**Signed** ..... **Date** .....

**Relationship to Traveller if signing for an under 13 year old** .....