

Checklist for a Pre Travel Risk Assessment

The checklist below is designed to ensure when undertaking a risk assessment you don't forget to ask anything! Tick boxes are provided to help ensure nothing is omitted.

Topic Area	Key Factors	Helpful suggestions – e.g.
Personal details	<input type="checkbox"/> Name <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Occupation	Hepatitis A or B risk category
Travel Itinerary	<input type="checkbox"/> Date of departure	Consider future travel as well
	<input type="checkbox"/> Destination (s)	City / rural etc.
	<input type="checkbox"/> Duration of stay	
	<input type="checkbox"/> Mode of transport	Air / sea / overland etc.
	<input type="checkbox"/> Accommodation	Hotel / hostel / family home / camping etc.
	<input type="checkbox"/> Reason for trip	Holiday / business / VFR / backpacking / aid worker / medical are etc.
	<input type="checkbox"/> Higher risk activities	White water rafting / trekking / paragliding / diving / exploring / hiring motor vehicles / invasive procedures e.g. tattoos etc.
<input type="checkbox"/> Insurance	Any pre existing medical conditions notified to company	
Previous vaccination history	<input type="checkbox"/> Routine childhood immunisations <input type="checkbox"/> Regular immunisations for health reasons e.g. over 65 years , asplenia or splenic dysfunction	Tetanus, polio, diphtheria etc. Influenza, pneumococcal, meningitis, Hib vaccine, etc.
	<input type="checkbox"/> Previous travel vaccinations	Hepatitis A, hepatitis B, typhoid, yellow fever, meningitis, rabies, Jap B., tick borne encephalitis
	<input type="checkbox"/> Previous serious reaction to a vaccine or malaria chemoprophylaxis	Especially anaphylaxis
	<input type="checkbox"/> Feels faint with injections	Consider vaccinating lying supine
Medical History	<input type="checkbox"/> Previous history	Fits or epilepsy / psoriasis / diabetes / cardiac problems / respiratory problems / cancer treatments / recent surgery/ thymus gland disorders etc.
	<input type="checkbox"/> Current history	Immunosuppressed / HIV / febrile breast feeding, pregnant or planning a pregnancy. Feeling well enough to be vaccinated today?
	<input type="checkbox"/> Allergy to drugs or food	Especially eggs
	<input type="checkbox"/> Current drug therapy	Including OCP
Consent	<input type="checkbox"/> Understanding sufficient to give consent	Document consent has been obtained e.g. verbal or written
Documentation	<input type="checkbox"/> Risk assessment details recorded	Computer template or written record
	<input type="checkbox"/> Travel Health Record Card given and supporting advice leaflets provided	Remind traveller to bring record card to subsequent consultations