Robens Centre for Occupational Health
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OHF 6.14

TRAVEL RISK ASSESSMENT - PAEDIATRIC

Details of person under 16:

Surname:		**First name:**	
Address:			
Postcode:		**Gender:**	
Contact no:		**Date of birth:**	
Age:		**GP contact no:**	
Name & address of GP:			
	Postcode:		

Details of parent/guardian:

Surname of parent/guardian:		**First name of parent/guardian:**	
Relationship to client		**Mobile number:**	
Address:			
Postcode:	**Email:**		

ITINERARY & PURPOSE OF VISIT

Country/countries to be visited	Departure Date	Length of trip	Reason for trip: Holiday/Business/ Study/Volunteering/Sport

LOCATION AND ACCOMMODATION – Please tick all that apply.

Location	Tick	Type of trip	Tick	Type of accommodation	Tick
Coastal/ river areas		Backpacking		All inclusive package	
Inland/rural areas		Organised trip		4 /5 * Hotels	
Urban areas		Independent travel		Other hotels / guest houses/ hostels	
Safari		Pilgrimage			
Jungle		Visiting friends/relatives		Safari Lodge	
High altitude		Healthcare elective		Camping/sleeping rough	
Remote locations		School trip		Friends / Relatives	
Areas of civil unrest		Sport related		Cruise ship/boat	

VACCINATION HISTORY: Please provide details of past vaccinations (date/year). B = booster

Vaccine	Date/s	Vaccine	Date/s	Vaccine	Date/s
Tetanus		Diphtheria		Polio	
Rabies	1st 2nd 3rd B	Hepatitis A	1st 2nd B	Hepatitis B	1st 2nd 3rd B
MMR		Yellow Fever		Typhoid	
Cholera		BCG		Meningitis ACWY	
Japanese B Encephalitis	1st 2nd	Tick Borne Encephalitis	1st 2nd	Childhood vaccinations up to date	Yes/No

MEDICAL HISTORY: Please answer the following questions, or on behalf of the 'under 16':

Question	Answer	Details
Do you have any medical conditions?	Yes/No	
Are you taking any medication? If yes, please give details.	Yes/No	
Have you received any live vaccinations in the past 3 months?	Yes/No	
Have you received radiotherapy, chemotherapy or steroid therapy in the past year?	Yes/No	
Are you taking any medication that affects your immune system? Please give details.	Yes/No	
Do you have a condition that affects your immune system eg HIV?	Yes/No	
Do you have any allergies to drugs, substances (eg latex) or foods, including eggs or chicken protein?	Yes/No	
Have you had a serious reaction to a vaccination in the past?	Yes/No	
Does having an injection make you feel faint?	Yes/No	
Females only: Are you pregnant, breastfeeding, or planning to become pregnant?	Yes/No	
Are you fit and well today? (e.g. no acute infection or high temperature)?	Yes/No	

Signature of Parent/Guardian: _____ Date: _____/_____/_____

Subsequent visits

Date	Has there been any change in health as declared above? If yes, please give details.	Signature

To be completed by Travel Consultant.

Date	Notes	Signature
	Visiting yellow fever endemic areas Yes/No	
Source of advice for all Robens travel risk assessments is 'Travel Health Pro' (NaTHNaC)		

Consent*:* I have received information on the risks and benefits of the vaccines recommended. I give my consent for _____ (name of under 16) to receive the recommended vaccinations.

Please note: You are advised to inform the GP of vaccinations received at the Robens.

Signature of Parent/Guardian: _____Date: _____/_____/_____

To be completed by Travel Consultant

	Course	Date	Date	Date	Date
HEPATITIS B Day 0, 1m,2m & 1yr Day 0, 1m & 6m					
TWINRIX Paediatric: Day 0,1m & 6m					
RABIES Day 0,7 & 28 (21 if time short)					
Japanese B Encephalitis Day 0, & 28 (0.25ml) Day 0 & 28 (0.5ml) Day 0 and 7 (0.5ml) 12-17 years					
Tick-borne Encephalitis Day 0, 1-3m, 5-12m after 2nd Day 0, 14 days, 5-12m after 2nd					

TRAVEL ADVICE AND LEAFLETS GIVEN TO PATIENT/GUARDIAN TRAVEL ADVICE AND LEAFLETS GIVEN TO PATIENT

Vaccine PIL offered		Rabies risk/action		Malaria risk/advice	
Robens travel booklet		Altitude		Food and water precautions	
Post-vaccination advice		Blood borne infections (Hep B/HIV)		DVT prevention	
Mosquito bite prevention _ PHE leaflet given		Sun/heat protection		Country specific information	
Sexual health		Traveller's diarrhoea		Insurance	
Zika virus		NaTHNac YF leaflet		Personal safety/security	
Other advice given:					

VACCINES GIVEN (To be completed by Travel Consultant)

NAME: _____ DOB: _____/_____/_____

Date	Time	Vaccine	Batch no	Exp. date	Route	Site	Signature

MALARIA RISK ASSESSMENT AND SUPPLY OF CHEMOPROPHYLAXIS

NAME OF UNDER 16:_____ DOB: _____/_____/_____

In order to assess your suitability for malarial chemoprophylaxis, please answer the following questions regarding the health of the under 16, and any medication being taken.

Condition		**Yes/No**
Pregnancy	Actual number of weeks: _____	
	Planned while on trip or afterwards	
Sickle cell	Disease	
	Carrier	
Thalassaemia	Disease	
	carrier	
Epilepsy	Patient	
	First degree relative*	
History of depression requiring treatment		
Severe mental health disorder	Patient	
	First degree relative*	
Asplenic		
Liver disease		
Renal failure (state eGFR)		
Diabetes Mellitus		
Cardiovascular	Ischaemic heart disease	
	Arrythmias	
	Other	
Immunocompromised		
Psoriasis		

*First degree relatives are included in the risk assessment as a precaution since risk of epilepsy and major depression is higher in first degree relatives of those in whom these conditions have been diagnosed. A condition in a first-degree relative may not contraindicate the use of an antimalarial, but may influence the choice of drug.

Give details of allergies to drugs or other below

Current medication	**Yes/No**	**Comments**
Antiarrhythmics		
Anconvulsants		
Anticoagulants		
Antiretrovirals		
Corticosteriods		
Bupropion (Zyban)		
Other		

Previous antimalarial chemoprophylactic agents taken	**Describe any problems**

Signature of Parent/Guardian: _____ Date: _____/_____/_____

FOR COMPLETION BY TRAVEL PROFESSIONAL:

Supply of malarial chemoprophylaxis

Weight of 'under 16': _____kg

Antimalarial	Tick regime	Date given	Batch no	Exp date	Signature
Atovaquone/Proguanil 62.5mg (11-19.9 kg) – 1 tablet daily single dose					
Atovaquone/Proguanil 62.5mg (20-29.9 kg) – 2 tablets daily single dose					
Atovaquone/Proguanil 62.5mg (30-39.9 kg) - 3 tablets daily single dose					
Atovaquone/Proguanil 250mg (40 kg and over) – 1 tablet daily single dose					
Doxycycline 100mg (1 daily) (over 12 years only)					

Advice about taking medication and course duration	Yes/No	Advice re malaria recognition/treatment	Yes/No
Advice about side effects	Yes/No	Advice re bite prevention methods (clothing, repellant, nets, coils/vapourisers, insecticides)	Yes/No
Administration of medication for young children			

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GP letter given to client

Name of Travel Consultant: _____

Signature: _____ Date: _____/_____/_____