

Travel Risk Assessment Form

Information About You	
Name:	Date of Birth:
EMIS No:	Contact Tel:

Information About your Trip	
Date of Departure:	Length of Trip:
Country(ies) to be visited:	

Type of Travel and Purpose of Trip (Tick all that apply)			
<input type="checkbox"/> Holiday	<input type="checkbox"/> Hotel Based	<input type="checkbox"/> City based	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Business	<input type="checkbox"/> Cruise Ship	<input type="checkbox"/> Rural based	
<input type="checkbox"/> Visiting friends/family	<input type="checkbox"/> Self-Catering	<input type="checkbox"/> Backpacking	

Allergies

To be Completed by Women Only	
<input type="checkbox"/> Are you pregnant/Planning a pregnancy	<input type="checkbox"/> Are you breastfeeding?