

Pre-Travel Health Risk Assessment Form

Personal Information

Full Name

Date of Birth

Gender

Contact Number

Email Address

Travel Details

Destination Country

Travel Dates

Purpose of Travel

Type of Accommodation

Medical History

Any current medical conditions?

Current medications

Known allergies

Vaccinations (list and date)

Travel Exposures

Planned activities (e.g., hiking, swimming, rural travel)

Any high-risk areas or concerns for your trip?