

# WINCOBANK MEDICAL CENTRE

## Travel Risk Assessment Form

<b><u>Name:</u></b>		<b><u>Contact number</u></b> Home: Mobile:	
<b><u>Date of Birth:</u></b>		<b><u>Address:</u></b>	
<b><u>Date of Departure:</u></b>		<b><u>Total length of trip:</u></b>	
<b><u>Country to be visited:</u></b>	<b><u>Exact location of region:</u></b>	<b><u>City or Rural:</u></b>	<b><u>Length of stay:</u></b>
1.			
2.			
3.			

### TYPE OF TRAVEL AND PURPOSE OF TRIP – PLEASE TICK ALL THAT APPLY

Holiday <input type="checkbox"/>	Staying in hotel <input type="checkbox"/>	Safari <input type="checkbox"/>
Business trip <input type="checkbox"/>	Backpacking <input type="checkbox"/>	Pilgrimage <input type="checkbox"/>
Volunteer work <input type="checkbox"/>	Cruise <input type="checkbox"/>	Diving <input type="checkbox"/>
Healthcare work <input type="checkbox"/>	Visiting friends/family <input type="checkbox"/>	Other <input type="checkbox"/> (PLEASE STATE BELOW)
<b><u>Any additional information:</u></b>     		

DATE FORM COMPLETED .....