



## Template for malaria risk assessment

Please complete this form in typescript and fax it to the MRL on **020 7637 0248**.

Please state your name and surgery name:

.....

Your fax number for reply.....

Your telephone number .....

**Name of traveller:**

**Age:**

**Sex:**

**Date of travel** .....

### Area to be visited

See country tables and maps in 'Guidelines for Malaria Prevention in Travellers from the United Kingdom' (<http://www.hpa.org.uk>)

Destination	Length of stay	Urban/rural/both

Purpose of visit (please tick those that apply)

Visiting friends and relatives  Safari  Backpacking

Business/work  Study  Oil Rig  Cruise ship

Other - please give details below

Underlying condition	Yes/No	
Pregnancy	Actual	
	Planned while on trip	
Sickle cell	Disease	
	Carrier	
Thalassaemia	Disease	
	Carrier	
Epilepsy	Patient	
	First degree relative*	
Depression requiring medication		
Psychosis	Patient	
	First degree relative	
Asplenic		
Liver disease		
Renal failure		
Diabetes mellitus		
Cardiovascular	Ischaemic heart disease	
	Arrhythmias	
	Other	
Immunocompromised		
Psoriasis		

\*note first degree relatives are included in 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 contra-indicate the use of an antimalarial, but may influence the choice of drug.

**Give details of allergies to drugs or other below**

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Current medication	Yes/No	Comments
Antiarrhythmics		
Anticonvulsants		
Anticoagulants		
Antiretrovirals		
Corticosteroids		
Oral contraceptives		
Bupropion (Zyban ®)		
Other		

<b>Previous antimalarial chemoprophylactic agent taken</b>	<b>Describe any problems</b>