NHS BORDERS TRAVEL HEALTH PATIENT QUESTIONNAIRE

Return form via e-mail to **vaccination.bookinghub@borders.scot.nhs.uk**
Return form via post to NHS Borders Vaccination Hub, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE
Forms may also be handed in an envelope to the health board reception team in an NHS Borders health centre.

PERSONAL DETAILS			
Full name		**Sex**	Male ☐ Female ☐
Date of birth		**Address**	
Mobile telephone			
Home telephone			
GP practice		**Emergency contact name & number**	
E-mail address			

YOUR TRIP		
Total length of your trip		
Destination(s) *countries and specific places (areas, cities) including stopovers*	**Arrival Date**	**Departure date**
1.		
2.		
3.		
4.		
5.		

TYPES(S) OF TRAVEL (Tick all that apply)	**YES**	**ACTIVITIES** (Tick all that apply)	**YES**
Holiday Provide details.	☐	Visiting friends/relatives	☐
Cruise Provide details.	☐	Sports/adventure	☐
Business	☐	High risk, inc drug use, tattoos, unprotected sex	☐
Backpacking Provide details.	☐	Altitude	☐
Pilgrimage Provide details.	☐	Working with animals	☐
Remote away from medical access Provide details.	☐	Healthcare work	☐
Hotel	☐	Medical tourism	☐
Camping/hostels Provide details.	☐	School Trip (Detail school below)	☐
Safari Provide details including location.	☐ Guided safari YES ☐ NO ☐	Volunteer work	☐ Working with children/school YES☐ NO☐

Any additional information about your trip?

MEDICAL HISTORY		NO	YES	DETAILS
Have you ever had a severe allergic reaction or anaphylaxis in the past?		☐	☐	
Are you taking any medication including prescribed, purchased, contraception, or having any regular treatment?		☐	☐	
Women only	Are you Pregnant	☐	☐	
	Are you breastfeeding	☐	☐	
	Planning to be pregnant soon or whilst away	☐	☐	

Do you suffer from any diagnosed long term conditions we should be aware of including immunosuppression's?

Enter details i.e. mental health, chemotherapy, radiotherapy, diabetes etc.

VACCINATION HISTORY

You **MUST PROVIDE** details and dates of all previous vaccinations, including childhood immunisations which may be provided on a separate sheet.

You may need to contact your GP practice to request a copy of your vaccination history.

BCG/TB	
Cholera	

Diptheria/ Tetanus/ Polio	
Hepatitis A	
Hepatitis B	
Japanese Encephalitis	
Meningitis ACWY	
MMR	
Rabies	
Tick Borne Encephalitis	
Typhoid	
Yellow Fever	
Dengue Fever	
Pneumococcal	
Influenza	
COVID-19	
Any additional information	