## NHS BORDERS TRAVEL HEALTH PATIENT QUESTIONNAIRE



Return form via e-mail to <u>vaccination.bookinghub@borders.scot.nhs.uk</u> Return form via post to NHS Borders Vaccination Hub, Rushbank, Newstead, TD6 9DA

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				
Mobile telephone		Address		
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 Depar		rture date
1.				
2.				
3.				
4.				
5.				
TYPES(S) OF TRAVEL (Tick all that apply)	YES	ACTIVITIES (Tick all the second secon	nat 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	ol below)	
Safari Provide details including location.	Guided safari YES □ NO □	Volunteer work		Uorking 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?				
	Are you Pregnant			
Women only	Are you breastfeeding			
only	Planning to be pregnant soon or whilst away			
Do you suffe	r from any diagnosed long term conditions we	should be	aware of i	ncluding immunosuppression's?
Enter details	i.e. mental health, chemotherapy, radiotherapy	, diabetes e	etc.	

VACCINATION HISTOR	Y	
You <b><u>MUST PROVIDE</u></b> 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	