**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, Rushbank, Newstead, TD6 9DA

Forms may also be handed in an envelope to the health board reception team in an NHS Borders health centre.



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

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| **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. | | | | | | | | |

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| **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** |  |