# NHS BORDERS TRAVEL HEALTH PATIENT QUESTIONNAIRE

NHS Borders V10.0

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.

| **PERSONAL DETAILS** | | | |
|---|---|---|---|
| **Full name** | Enter name. | **Sex** | |
| **Date of birth** | Enter date. | **Address** | Enter address. |
| **Mobile telephone** | Enter mobile number. | | |
| **Home telephone** | Enter home number. | | |
| **GP practice** | Enter GP practice. | **Emergency contact name & number** | Enter emergency contact. |
| **E-mail address** | Enter e-mail address. | | |

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

| **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?
Additional information.

| MEDICAL HISTORY | NO | YES | DETAILS |
|---|---|---|---|
| Have you ever had a severe allergic reaction or anaphylaxis in the past? | ☐ | ☐ | Enter details. |
| Are allergies including food, latex, medication | ☐ | ☐ | Enter details. |

| Do you suffer from or have a history of | | NO | YES | |
|---|---|---|---|---|
| Anaemia | | ☐ | ☐ | Enter details. |
| Bleeding/clotting disorder including DVT | | ☐ | ☐ | Enter details. |
| Diabetes | | ☐ | ☐ | Enter details. |
| Disability | | ☐ | ☐ | Enter details. |
| Epilepsy/seizures including family history | | ☐ | ☐ | Enter details |
| Gastrointestinal (stomach) complaints | | ☐ | ☐ | Enter details. |
| Heart disease including angina or high blood pressure | | ☐ | ☐ | Enter details. |
| Kidney disease including dialysis | | ☐ | ☐ | Enter details. |
| Liver disease | | ☐ | ☐ | Enter details. |
| Mental health issues such as anxiety or depression | | ☐ | ☐ | Enter details. |
| Organ transplant | | ☐ | ☐ | Enter details. |
| Recent chemotherapy or radiotherapy | | ☐ | ☐ | Enter details. |
| Recent Surgery or hospital admissions. If yes, please provide details. | | ☐ | ☐ | Enter details. |
| Respiratory/lung disease such as asthma | | ☐ | ☐ | Enter details. |
| Rheumatology (joint) conditions | | ☐ | ☐ | Enter details. |
| Sickle cell | | ☐ | ☐ | Enter details. |
| Immune system condition (low immunity, HIV, AIDS, spleen removal, stem cell transplant, immunosuppressant medication) | | ☐ | ☐ | Enter details. |
| Are you taking any medication including prescribed, purchased, contraception, or having any regular treatment? | | ☐ | ☐ | Enter details. |
| Women only | Are you Pregnant | ☐ | ☐ | Enter details. |
| | Are you breastfeeding | ☐ | ☐ | Enter details. |
| | Planning to be pregnant soon or whilst away | ☐ | ☐ | Enter details. |
| | Have you or anyone in your family undergone FGM/been cut/circumcised? | ☐ | ☐ | Enter details. |
| Any other medical conditions, concerns or healthcare information. | | Enter details. | | |

| VACCINATION HISTORY | |
|---|---|
| You **MUST PROVIDE** details and dates of all previous vaccinations, including childhood immunisations which may be provided on a separate sheet.<br>You may need to contact your GP practice to request a copy of your vaccination history. | |
| **BCG/TB** | Enter details. |
| **Cholera** | Enter details. |
| **Diptheria/ Tetanus/ Polio** | Enter details. |
| **Hepatitis A** | Enter details. |
| **Hepatitis B** | Enter details. |
| **Japanese Encephalitis** | Enter details. |
| **Meningitis ACWY** | Enter details. |
| **MMR** | Enter details. |
| **Rabies** | Enter details. |
| **Tick Borne Encephalitis** | Enter details. |
| **Typhoid** | Enter details. |
| **Yellow Fever** | Enter details. |
| **Dengue Fever** | Enter details. |
| **Pneumococcal** | Enter details. |
| **Influenza** | Enter details. |
| **COVID-19** | Enter details. |

| | |
|---|---|
| **Any additional information** | Enter details. |