NHS SCOTLAND

TRAVEL HEALTH
Pre-travel Clinic Record

Health Protection Scotland
Travel Health Section

Health Travel Booklet given? Yes ☐ No ☐

Name:	Unit No.	DOB: D D M M Y Y	Sex: Male ☐ Female ☐

Patient's address:	GP name: Address:
Postcode:	Postcode:
Tel no.	Tel no.
Medical history:	
Current health problems:	Current medication:
Allergies:	Pregnancy? Yes ☐ No ☐ N/A ☐ No. of weeks ☐☐

TRAVEL DETAILS: *(in order first to last)* Date of departure: D D M M Y Y Total duration:

Destination(s): *(Record no. of weeks in box)*					
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Type of trip *(please tick all that apply)*			**Areas to be visited**	**Accommodation**
Package holiday ☐	Immigration ☐	Voluntary/charity work ☐	Urban ☐	Good ☐
Cruise ☐	Organised adventure holiday ☐	Elective/Student ☐	Rural ☐	Basic ☐
Business < 3 months ☐	Backpacking ☐	Aid worker ☐	Altitude >3000m ☐	Poor ☐
Business > 3 months ☐	Visiting family and friends ☐	Self organised ☐	Beach ☐	Not known ☐

Occupation/activities abroad:

Subsequent notes

Date

Risks discussed:	**Yes**	**No**	**N/A**
Bite avoidance	☐	☐	☐
Food/water hygiene	☐	☐	☐
Blood borne viruses	☐	☐	☐
Rabies	☐	☐	☐
Schistosomiasis	☐	☐	☐
Insurance/accidents	☐	☐	☐
Sun protection	☐	☐	☐
Other *please specify below:*	☐	☐	☐

Date

Date

TRAVEL CLINIC RECORD PRESCRIPTIONS

Vaccines		**Received previously/ comments**	**Dates** *(complete top line)* **Initial when given and enter batch** *(complete bottom line)*				
Poliomyelitis							
Tetanus							
Diphtheria/ Tetanus/ Inactivated Polio							
Typhoid (injectable)							
Hepatitis A							
Hepatitis B							
Hepatitis A & Typhoid combined							
Hepatitis A & B combined							
Meningococcal *(specify type)*							
Japanese B encephalitis							
Rabies							
Tick-borne encephalitis							
Yellow fever							
Cholera							
Mantoux				**Result:**			
B.C.G				**Result:**			
Other							

Malaria Prophylaxis advised						
Chloroquine ☐	Proguanil ☐	Doxycycline ☐	Mefloquine ☐	Atovaquone/Progunil ☐	None ☐	
Signature:			Date D D M M Y Y *(first seen)*			