Health A	Affix ID Label Here								
Private and Confidential									
General									
What is your place of birth?									
What is your ethnic or cultural background?	White:	Irish Irish Traveller Any other white background							
	Black or Black Irish:	African							
	Asian or Asian Irish	Chinese							
	Other including mixed background: (describe)								
Date Last Travelled Abroad									
Primary Language									
Reason for Attending Existing Medical Conditions									
Medications									
Allergies									
Family History									

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	Conditions around migration						
Current circumstances in Ireland							
How long have you been in Ireland?							
Living Arrangements?							
Where do you live?							
With whom do you live?							
How many people are in the household?							
Reason for migration?	Study Vork Forced Asylum Other						
Previous circumstances in country of origin Socio-economic group/ occupation Other relevant information e.g. torture, rape							
Experience during migration proce	ess (optional)						
Hours Days Weeks Month Length of time to get to Ireland from country of origin Image: Comparison of the second seco							
Other comments							



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Tuberculosis Yes No Have you ever been told you have had TB?							
Have you ever taken medicine to treat or prevent TB?							
Have you ever been in contact with a person sick with TB?							
Have you had a persistent cough for more than two weeks?							
Do you cough up phlegm or blood?							
Have you lost weight recently?							
Do you sweat more than usual at night?							
Bloodborne viruses							
Honotitic							
Hepatitis Yes No							
Have you ever been diagnosed with viral hepatitis?							
If yes, which type? A B C E							
HIV Yes No							
Have you ever been diagnosed with HIV?							
If yes, when:							
Are you on treatment for HIV?							
Childhood Infectious Diseases							
Yes No							
Measles							
Mumps							
Other							
Yes No							
Have you ever had malaria?							
If yes, when:							
Were you treated for malaria?							
Have you ever been diagnosed with a parasite infection such as schistosomiasis, strongyloides?							
If yes, when:							
Did you receive treatment?							
Sexual History							
Yes No							
Are you currently sexually active?							
If yes, when was the last time you had sex?							
Do you have sex with: Men Women Both							
Have you noticed any symptoms such as:							
1. Pain on urination							
2. Penile/vaginal discharge							
3. Abdominal/pelvic pain							
4. Ulceration on the genital area							

Immunisation history BCG Yes No/unknown No. of doses received Date of last dose Mumps										
Yes No/unknown No. of doses received Date of last dose Measles	Immunisation history									
BCG							ses receive	ed Date of	last dose	
Mumps	BCG									
Rubela	Measles									
Diphtheria	Mumps									
Tetanus	Rubella									
Pertussis	Diphtheria									
Polia	Tetanus									
Haemophilus Influenzae (8)	Pertussis									
Chickenpox/varicella	Polio									
Hepatitis A	Haemophilus In	fluenzae (B)								
Hepatitis B	Chickenpox/var	icella								
Meningococcal C Pneumococcal	Hepatitis A									
Pneumococcal Human papilloma virus Record of investigations and results Test requested Result Test requested Result Mantoux IGRA Yes No Hepatitis B Pos Neg HBsAg Pos Neg Anti-HBs Pos Neg Anti-HBc Pos Neg HBeAg Pos Non-immune Anti-HBc Pos Non-immune Non-immune Non-immune Non-immune Non-immune Non-immune Non-immune Varicella Pos Des no. Date next dose due Signature Rubella Manufacturer Site used Dose administered Date given Dose no. Date next dose due Signature <t< td=""><td>Hepatitis B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Hepatitis B									
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Record of investigations and results Test requested Result Mantoux Yes No IGRA	Pneumococcal									
Test requested Result IGRA	Human papillor	na virus								
TB Yes No Mantoux IGRA Image: Second S			Ree	cord of	investigations	and resul	ts			
Mantoux Image: Constraint of the second			Test	request	ed		R	esult		
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