

DOB:

Name:



BLUFF ROAD MEDICAL CENTRE
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**Bluff Road
 Medical Centre**
 Family Health

Health Questionnaire for International Travel

The detailed information enables us to individualise and tailor travel advice to your specific itinerary

Personal Details First Name: _____ Last Name: _____ DOB _____

Dates of your Trip Date of Departure : ____/____/20__ Return Date: : ____/____/20__

Detailed Itinerary

Country	Cities/Areas	Length of stay in days	Altitude Y/N – Metres

Please circle all that describe your trip

Trip Type	Business	Holiday	Visiting Family / Other
Holiday Type	Package	Backpacking	Cruise / Trekking
Accommodation	Hotel (A/C)	Budget / Hostel	Camping / Relatives
Travelling	Alone	With Family / Partner	Friend / Group
Staying In	Urban Area	Rural Area	Mountain / Arid Region
Activities	Trekking	Safari / Adventure	Scuba / Extreme Activity

HEALTH STATUS - Do you have OR have you had any of these medical problems (**please circle**)

Asthma / Epilepsy / Diabetes / High Blood Pressure / Irregular Heart Beat/ DVT/ HIV/ Mastectomy

Stomach Ulcers / Psoriasis / Immunity conditions / Mood or Anxiety Issues / Splenectomy / Liver or Kidney disease/Thymus

a) Other medical problems (please specify) _____

b) Current or repeat medications (eg contraceptive pills, antibiotics) _____

c) Are you allergic to (please circle) Eggs, Bees, Sulphur drugs, Penicillin, Latex, Band-aids, Other _____

d) Have you ever Fainted or had any serious reactions after injections or giving blood? Yes / No

e) Could you be pregnant now OR any plans for pregnancy within 3 months of return Yes / No

f) Does anyone around you have a weakened immune system? (Eg Cancer/HIV patients) Yes / No

i) Did you miss any of your usual childhood vaccinations? Yes / No

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VACCINATION HISTORY

**Bluff Road
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Ns	DISEASE	Previous Vaccination	Date	Brand/ Booster	X	Dr's Schedule - Recall done Y/N	Dr's Use – Travel Pack	Qty
	Typhoid (o/ im)						<i>Norfloxacin</i>	
	Hepatitis A						<i>Azithromycin</i>	
	Hepatitis B						<i>Stemetil</i>	
	Rabies						<i>Loperamide</i>	
	Tetanus/Pertussis						<i>Aqium Gel</i>	
	Polio						<i>Gastrolyte ORS</i>	
	Flu						<i>Bushman 80%</i>	
	Meningitis ACWY / B						<i>Repel 30% / Picaridin</i>	
	Yellow Fever(I)						EXTRAS	
	MMR (I)						<i>Tinidazole</i>	
	Chicken Pox(I)						<i>Diamox (Acet)</i>	
	Shingles (I)						<i>Cephalexin</i>	
	Japanese Encephalitis (I)						<i>Phenergan</i>	
	TB (I)						<i>Doxycycline</i>	
	Hib						<i>Malarone</i>	
	Pneumonia 13 / 23							
	Cholera (o)							