

DOB:

Name:



TRAVEL MEDICINE
ALLIANCE
SANDRINGHAM

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As Association of Independent Medical Practitioners
Servicing Sandringham's Healthcare needs since 1987
A.B.N. 80 990 418 780



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

Ns	DISEASE	Previous Vaccination	Date	Brand/Booster	X	Dr's Schedule - Recall done Y/N	Dr's Use – Travel Pack	Qty
	Typhoid						<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%</i>	
	Yellow Fever(I)						EXTRAS	
	MMR (I)						<i>Tinidazole</i>	
	Chicken Pox(I)						<i>Diamox (Acet)</i>	
	Shingles (I)						<i>Cephalexin</i>	
	TB (I)						<i>Phenergan</i>	
	Hib						<i>Lariam</i>	
	Japanese Encephalitis						<i>Doxycycline</i>	
	Pneumonia 13 / 23						<i>Malarone</i>	
	Cholera (o)							