DOB:

Name:



# BLUFF ROAD MEDICAL 328 BLUFF ROAD SANDRINGHAM 3191

03 95986244

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## **Health Questionnaire for International Travel**

| Personal Details      | First Name:                  | Last Name:   | DOB  |  |  |
|-----------------------|------------------------------|--|--|--|--|
| Pates of your Trip    | Date of Departure :          | //20 Retu  | rn Date: ://20   |  |  |
| Detailed Itinerary    |                              | <u> </u>   | 1  |  |  |
| Country               | Cities/Areas                 | Length of stay in days                                 | Altitude Y/N - Metres  |  |  |
|                       |                              |  |  |  |  |
| Please circle all the | at 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                                     |  |  |
|                       |                              | had any of these medical pressure / Irregular Heart Be | oroblems <b>(please circle)</b><br>eat/ DVT/ HIV/ Mastectomy |  |  |
| Stomach Ulcers/Pso    | oriasis/Immunity conditions  | /Mood or Anxiety Issues/Sp                             | lenectomy/Liver or Kidney disea                              |  |  |
| a) Other medical p    | roblems (please specify)     |  |  |  |  |
| ) Current or repea    | t medications (eg contrace   | eptive pills, antibiotics                              |  |  |  |
| c) Are you allergic   | to (please circle) Eggs, Bee | s, Sulphur drugs, Penicillin,                          | Latex, Bandaids, Other                                       |  |  |
| d) Have you ever F    | ainted or had any serious r  | eactions after injections or                           | giving blood? Yes / No                                       |  |  |
| e) Could you be pro   | egnant now OR any plans f    | or pregnancy within 3 mon                              | ths of return Yes / No                                       |  |  |
| ) Does anyone ard     | ound you have a weakened     | l immune system? (Eg Cand                              | cer/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<br>Vaccination | Date | Brand/<br>Booster | X | Dr's Schedule -<br>Recall done Y/N | Dr's Use -<br>Travel Pack | Qty |
|----|---------------------------------|-------------------------|------|-------------------|---|------------------------------------|---------------------------|-----|
|    | Typhoid (O/ IM)                 |                         |      |                   |   |                                    | Betadine/Zyrtec           |     |
|    | Hepatitis A                     |                         |      |                   |   |                                    | Phenergan                 |     |
|    | Hepatitis B                     |                         |      |                   |   |                                    | Stemetil                  |     |
|    | Rabies                          |                         |      |                   |   |                                    | Loperamide                |     |
|    | Tetanus/Pertussis               |                         |      |                   |   |                                    | Aquim Gel                 |     |
|    | Polio                           |                         |      |                   |   |                                    | Gastrolyte /Hydrolyte     |     |
|    | Flu                             |                         |      |                   |   |                                    | Bushman's D-80%           |     |
|    | Meningitis-ACWY                 |                         |      |                   |   |                                    | Repel D-30% /             |     |
|    | Meningitis B                    |                         |      |                   |   |                                    | Repel Picaridin           |     |
|    | Yellow Fever(I)                 |                         |      |                   |   |                                    | EXTRAS                    |     |
|    | MMR (I)                         |                         |      |                   |   |                                    | Azithromycin              |     |
|    | Chicken Pox(I)                  |                         |      |                   |   |                                    | Cephalexin                |     |
|    | Shingles (I)                    |                         |      |                   |   |                                    | Acetazolamide             |     |
|    | Japanese<br>Encephalitis (I)/Ia |                         |      |                   |   |                                    | Tafenoquine               |     |
|    | Covid-19                        |                         |      |                   |   |                                    | Doxycycline               |     |
|    | Tic Bourne<br>Encephalitis      |                         |      |                   |   |                                    | Malarone                  |     |
|    | Pneumonia 13 /23                |                         |      |                   |   |                                    |                           |     |
|    | Cholera (o)<br>TB (l)           |                         |      |                   |   |                                    |                           |     |