

DOB:

Name:



BLUFF ROAD MEDICAL
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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 - <i>Recall done Y/N</i>	Dr's Use - Travel Pack	Qty
	Typhoid (O/ IM)							
	Hepatitis A							
	Hepatitis B							
	Rabies							
	Tetanus/Pertussis						<i>Loperamide</i>	
	Polio						<i>Gastrolyte /Hydrolyte</i>	
	Flu						<i>Bushman's D-80%</i>	
	Meningitis-ACWY Meningitis B						<i>Repel D-30% / Repel Picaridin</i>	
	Yellow Fever(I)						EXTRAS	
	MMR (I)						<i>TD</i>	
	Chicken Pox(I)						<i>Malaria</i>	
	Shingles						<i>Altitude</i>	
	Japanese Encephalitis (I)/Ia							
	Covid-19							
	Tic Bourne Encephalitis							
	Pneumonia 13 /23							
	Cholera (o) TB (I)							