Pre - travel assessment form

Mr / Mrs / Ms / Dr **Surname** ……**First name**…..……

Date of birth ….. / ….. / ….. Occupation …… This trip is for holiday / business

Contact details MOBILE phone …..…… Daytime phone ……..…… Email ……

Address …… Postcode …….

I heard about The Travel Clinic from Internet / Yellow Pages / White Pages / friend / Travel agent / GP / other Travel Agent (name & address) ……..

GP (name and address) ……..……..

I will pay by Cash / EFTPOS/ Visa / Mastercard / Bankcard / Diners/ AMEX. I have Private Health Extras Cover? Yes / No

My date of departure is ….. / ….. / ….. **My date of return is** ….. / ….. / ……

I will visit the following countries:

Country (in order of visit)	Duration (weeks)	Accommodation (hotel / tent / backpack)	Cities only

Please list countries you have visited previously: ……..

Is your general health good? ..... Yes ☐ No ☐

Have you ever fainted or felt unwell soon after an injection ? …….. Yes ☐ No ☐

Could you be pregnant while away? (Females only) ..... Yes ☐ No ☐

Does someone with lowered immunity live at home with you ? Yes ☐ No ☐

Will children be travelling with you?..... Yes ☐ No ☐

Are you allergic to eggs, medications or other substances? ..... Yes ☐ No ☐

Please list these allergies: ……..

Please list ALL medications you are currently taking: …….

Please list past significant medical / health problems you have had both here and overseas. Especially note past history of jaundice, hepatitis, deep vein thrombosis (DVT) or blood clots, ear or hearing problems or have a disease which lowers immunity (eg cancer, HIV/AIDS, thymus disorder).

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*****NB You DO NEED to complete the following table before seeing the doctor.** PLEASE INDICATE WHICH YEAR THE FOLLOWING VACCINES WERE GIVEN. Also indicate if you have ever had any of the actual diseases measles, mumps, rubella, chicken pox. You can check with your GP or previous medical records to find this information.

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Tetanus / Diphtheria / Whooping cough(pertussis)		Typhoid		Mantoux / BCG	
Polio		Cholera		Meningococcal	
'Flu vaccine		Hepatitis B		Japanese Encephalitis	
Pneumovax		Hepatitis A vaccine		Q fever	
Measles / Mumps / Rubella		Hepatitis A immunoglobulin		Rabies	
Varicella (chicken pox)				Yellow fever	

Would you like us to email you our quarterly travel health newsletter 'Take Care'? Yes ☐ No ☐

Would you like information on medical kits for travellers to prevent illness? ..... Yes ☐ No ☐