



Pre - travel assessment form

(Please complete and bring to your travel appointment)



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

Date of birth / / Occupation This trip is for holiday / business requirement

Contact details for the next 1- 2 years: Mobile phone Daytime phone

Address Postcode

Email:

I heard about The Travel Clinic from: Google / Yellow Pages / White Pages / friend / Travel agent / GP / other

Travel Agent (name & address)

Please inform my GP about about vaccinations given here (insert name and address of GP here):

GP (name and address)

I will pay by Cash / EFTPOS/ Visa / Mastercard. 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).

*** In order to avoid unnecessary vaccinations along with extra charges, you need to complete the following table before your appointment.** Please put the approximate year you had any of the following vaccines or diseases, including, measles, mumps, rubella, chicken pox as well as the date of your last tetanus vaccine. 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	
Seasonal flu vaccine		Hepatitis B		Japanese Encephalitis	
Swine flu (H1N1) vaccine		Hepatitis A		Q fever	
Pneumovax		Gardasil (cervical cancer)		Rabies	
Measles / Mumps / Rubella				Yellow fever	
Varicella (chicken pox)					

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

Vaccinations, medications and kits

(This side is to be completed by the doctor)

ITEM	To give	Date 1st consult	Date 2nd consult	Date 3rd consult	Date 4th consult	Date 5th consult
ITEM		36t	3t / 23t / 36t	3t / 23t / 36t	3t / 23t / 36t	3t / 23t / 36t
ADT / Boostrix / Adacel / IPV						
Polio (Ipol)						
Hib / Comvax						
Varicella (Varilrix / Varivax)						
Priorix						
Cholera oral (Dukoral)						
Flu (seasonal) vaccine Fluvax / Influvac/Jnr Panvax / Vaxigrip / Intanza						
Gardasil / Cervarix						
Hepatitis A (Avaxim / VAQTA / Havrix / Jnr)						
Hepatitis B (HBVax/Engerix)						
Twinrix /Jnr						
Jap encephalitis JESPECT						
Mantoux / BCG						
Meningitis Menomune/Mencevax Neisvac C/Meningitec/Menjugate						
Pneumococcal						
Q-vax / skin test						
Rabies IM / ID MIRV / Verorab / Rabipur						
Typhoid Typhim Vi / Typherix Vivotif Oral 3 / 4 / Vivaxim						
Yellow fever (Stamaril)						
2. Malaria tablets						
3. Kits / other item						
Gastrokit – basic / adv						
E2 / corp/comb – basic / adv						
Permethrin impregn kit						
Repel roll on / pump						
Report						
Dr's signature						

(Dr's signature certifies discussion of risks and benefits of vaccines and medications with patient)

Circled item number indicates medicare level as per practice manual description

Notes:

Checklist:

- Yellow fever certificate stamped
- Pocket guide entered
- Report given
- Referral source & country entered
- Copy to GP / Travel agent / pads
- Recalls entered