

Pre - travel assessment form

Mr / Mrs / Ms / Dr / X Surname _____ First name _____

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

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

Address _____ Postcode _____

I heard about this service from: Internet/Yellow Pages/White Pages/Friend/Travel agent/GP/other _____

Travel Agent (name & address) _____

GP (name and address) _____

I would like a copy of vaccinations given here to be sent to my GP (details above) 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).

***NB You **MUST** complete the following table before seeing the doctor. Please 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.

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	

Upon completion, please email this form to **busby@bathurstgp.com.au** or return to Reception