

MEDICARE No:

SURNAME	FIRST NAME	DATE OF BIRTH		
ADDRESS			MALE	FEMALE
SUBURB		STATE	POSTCODE	
HOME PH	WORK PH		MOBILE	
OCCUPATION		EMPLOYER		
SOURCE OF REFERRAL				

TRAVEL HISTORY

Q.	HAVE YOU TRAVELLED TO ASIA OR SOUTH AMERICA BEFORE? If so ...	YES	NO
	DID YOU LIVE IN ANY OF THESE AREAS FOR MORE THAN 3 MONTHS?	YES	NO
	DID YOU EXPERIENCE ANY HEALTH PROBLEMS DURING THIS PERIOD?	YES	NO
Q.	HAVE YOU BEEN A PATIENT IN HOSPITAL IN THE LAST 6 WEEKS?	YES	NO
Q.	HAVE YOU EVER HAD HEPATITIS A?	YES	NO
Q.	HAVE YOU HAD ALTITUDE SICKNESS?	YES	NO
Q.	DO YOU CURRENTLY HAVE A RESPIRATORY ILLNESS?	YES	NO
Q.	DO YOU HAVE MYASTHENIA GRAVIS?	YES	NO
Q.	HAVE YOU HAD A THYMECTOMY?	YES	NO
Q.	HAVE YOU EVER FELT FAINT AFTER AN INJECTION OR GIVING BLOOD?	YES	NO
Q.	HAVE YOU HAD ANY VACCINATIONS IN THE LAST MONTH?	YES	NO

ALLERGIES

EGGS	IODINE	BEE STINGS	SULPHUR	PENICILLIN	OTHER
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REGULAR MEDICATIONS

MEDICAL HISTORY

DIABETES	ASTHMA	EPILEPSY	ANXIETY	DEPRESSION	MASTECTOMY	HEPATITIS A
SPLENECTOMY	BLOOD TRANSFUSION	IMMUNE DISORDERS	OTHER			

PREGNANCY

ARE YOU PREGNANT NOW? ☐ DO YOU PLAN TO BE PREGNANT WHILST TRAVELLING? ☐

TRAVEL TYPE – you can tick more than one

FIVE STAR / RESORT	WORK	BACKPACKING	ADVENTURE	RELAXATION
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DOCTOR ALERT – (office use only)

DEPARTURE DATE

RETURN DATETOTAL TIME AWAY[illegible]



4. VACCINATION RECOMMENDATIONS

VACCINE	CURRENT	ADMINISTER	DECLINED	DATE ADMINISTERED / BATCH #
IPOL				
TETANUS / DIPHTHERIA				
dTpa – Adult				
dTpa IPV – Adult				
MMR				
CHICKENPOX				
TYPHOID – Oral				
– IMI				
HEP A – Adult				
HEP A – Paediatric				
HEP B – Adult				
HEP B – Paediatric				
TWINRIX – Adult				
TWINRIX – Paediatric				
HEP A + TYPHOID				
RABIES				
JAPANESE ENCEPHALITIS				
YELLOW FEVER				
CHOLERA				
MENINGITIS ACWY				
INFLUENZA				
RN sign				

5. MALARIA

IS MALARIA A RISK?	YES	NO
PERIOD OF EXPOSURE		DAYS
PROPHYLAXIS MEDICATION	ADMINISTER	QTY
Doxycycline 100mg x 21 caps		
Doxycycline 100mg x 7 caps		
Malarone 250mg x 12 caps		
Malarone J 62.5mg x 12 caps		
Plaquenil 250mg x 100 tabs		
Lariam 250mg x 8 tabs		
Paludrine 100mg x 100 tabs		

Patient's signature if they choose NOT to take malaria tablets against advice: _____

6. SELF TREATMENT

MALARIA SELF-TREATMENT	YES	NO
ALTITUDE SELF-TREATMENT	YES	NO
TREATMENT MEDICATION	ADMINISTER	QTY
Lariam 250mg x 5 tabs		
Malarone 250mg x 12 caps		
Diamox 250mg x 10 tabs		
Noroxin 400mg x 6 tabs		
Simplotan 500mg x 4 tabs		
Stemetil 5mg x 20 tabs		
Azithromycin 500mg x 2 tabs		

7. OTHER DISEASES

DISEASE	DISCUSSED	INFO GIVEN
TRAVELLERS DIARRHOEA		
DENGUE FEVER		
CHIKUNGUNYA		
JAPANESE ENCEPHALITIS		
LEISHMANIASIS		
SCHISTOSOMIASIS		

8. OTHER RISKS

RISK	DISCUSSED	INFO GIVEN
RABIES		
ALTITUDE SICKNESS		
STI / BLOODBORNE		
DVT – SIZE		
JET LAG		
MARINE HAZARDS		

9. FIRST AID KITS AND ACCESSORIES

FIRST AID KITS				RX KITS				ACCESSORIES	
REC 1		PRO 1		RX 1		RX 1+		BED NET SG	
REC 2		PRO 2		RX 2		RX 2+		BED NET DB	
REC 3		PRO 3		RX 3				PERMETHRIN	
OTHER									

10. DOCUMENTATION

AUTHORISATION LETTER COMPLETED	VACCINATION RECORD BOOK COMPLETED
VACCINATION CONSENT FORM SIGNED BY PATIENT	

11. REVIEW

TRAVEL HEALTH EDUCATOR			
NAME	DESIGNATION	DATE	
MEDICAL PRACTITIONER			
NAME (print)	NAME (sign)	DATE	
FOLLOW-UP MEDICAL PRACTITIONER			
NAME (print)	NAME (sign)	DATE	
FOLLOW-UP MEDICAL PRACTITIONER			
NAME (print)	NAME (sign)	DATE	