

**Pre - travel Assessment Form**

(Please complete and return to Reception)

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

Date of Birth ..... / ..... / ..... Occupation ..... This trip is for holiday / business

**Contact details:** Mobile phone ..... Daytime phone .....

Address ..... Postcode .....

Email: .....

Travel Agent (name & address) .....

Please inform my GP about vaccinations given here:

GP (name and address) .....

**PASSPORT DETAILS:**..... **YOU MUST BRING YOUR PASSPORT TO YOUR APPOINTMENT**

**Date of departure** ..... / ..... / ..... **Date of return** ..... / ..... / ..... 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? 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 (e.g. 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 your previous medical records or with your GP to find this information.

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Tetanus / Diphtheria / Whooping cough (pertussis)		Typhoid		Mantoux / BCG	
Polio		Cholera		Meningococcal	
Swine flu (H1N1) vaccine		Hepatitis B		Japanese Encephalitis	
Pneumovax		Hepatitis A		Q fever	
Measles / Mumps / Rubella		Gardasil ( cervical cancer )		Rabies	
Varicella (chicken pox)		Seasonal flu vaccine		Yellow fever	

**I will pay by:** Cash / EFTPOS/ Visa / Mastercard

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

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