



PRE-TRAVEL MEDICAL QUESTIONNAIRE

Name: _____ Date of Birth: _____ Medicare Number: _____

Address: _____ Sex: Male Female

Telephone number home: _____ Mobile: _____

PART A: Details of the trip

Departure date: _____

Total length of trip: _____

Will you be undertaking any special adventure activities? :

scuba diving cycling
 trekking cave exploration
 mountain climbing/high altitude
 safari
 other - _____

I will be visited the following places:

Town	Country	Urban/Rural	Accommodation	No days	Special considerations
<i>e.g. Lhasa</i>	<i>Nepal</i>	<i>rural</i>	<i>camping</i>	<i>4 days</i>	<i>high altitude</i>

PART B: Vaccination Record

Did you miss any of your usual childhood vaccines? Yes No

Have you had the following vaccinations?

Tetanus/Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Pneumococcal	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Measles/Mumps/Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Meningitis	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Polio	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Yellow Fever	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Rabies	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Typhoid - oral	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Influenza	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	- injection	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Other -	Yes <input type="checkbox"/> No <input type="checkbox"/> Year		

Notes: In Australia the final routine diphtheria and tetanus is given in Year 7
 MMR routinely given at age 12 months since 1989, and routinely given in Year 6 since 1994

PART C: Health issues which may affect your travel or vaccinations

1. Have you had any health problems on previous trips overseas? Yes No

2. Do you have or have you had any of the following medical problems?

Heart disease Yes No Epilepsy Yes No HIV/Aids Yes No

Irregular Heart Beat Yes No Stomach Ulcer Yes No Splenectomy Yes No

High Blood Pressure Yes No Psoriasis Yes No Cancer Yes No

Respiratory problems Yes No Hepatitis A Yes No Depression/anxiety Yes No

Asthma Yes No Thymus Disease Yes No Psychiatric problems Yes No

Diabetes Yes No Bleeding Disorders Yes No Inflammatory bowel disease Yes No

Other. Please specify:

3. List any major surgery your have had e.g. open heart surgery; thymectomy

4. Have you had any illness or injury in the last 6 weeks requiring medical attention? Yes No

5. Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes No

6. List all your current medications including oral contraception:

7. Are you allergic to:

Medications Yes No If yes, please specify:

Food Yes No If yes, please specify:

Eggs Yes No If yes, please specify:

Other Yes No If yes, please specify:

8. Have you ever felt faint or fainted after having an injection? Yes No

9. Have you had a serious reaction to a vaccine in the past, if so which vaccine was it? Yes No

10. Have you had any of the following vaccines in the past 3 weeks: Yellow Fever, BCG, MMR, Varicella? Yes No

11. Is any person you are in close contact with immunosuppressed because they are taking corticosteroids, or is undergoing chemotherapy or radiotherapy, or has cancer, leukemia or HIV/AIDS? Yes No

12. Do you weigh less than 45kg? Yes No

13. Do you have any particular health concerns regarding this trip? Yes No
If yes, please outline

14. *For women:*

Are you pregnant, planning a pregnancy within the next 3 months, or breast feeding? Yes No

RECOMMENDATIONS

Vaccination	approx Chemist price
Tetanus/Diphtheria/Pertussis <input type="checkbox"/>	\$33
Tetanus/Diphtheria/Pertussis/Polio <input type="checkbox"/>	\$75
Polio <input type="checkbox"/>	\$50
Measles/Mumps/Rubella <input type="checkbox"/>	\$32
Influenza <input type="checkbox"/>	
Pneumococcal <input type="checkbox"/>	\$35
Hepatitis A <input type="checkbox"/>	\$62 Adult \$42 Child
Hepatitis B (3 inj. required) <input type="checkbox"/>	\$73 per injection
Hepatitis A/typhoid combination <input type="checkbox"/>	\$155
Typhoid - oral <input type="checkbox"/>	\$47
Typhoid - injection <input type="checkbox"/>	\$42
Yellow Fever <input type="checkbox"/>	\$100
Meningitis ACYW-135 conjugated <input type="checkbox"/>	\$86
Cholera - oral (2 doses required) <input type="checkbox"/>	\$100 per dose
Rabies (3 inj. required) <input type="checkbox"/>	\$102 per injection
Japanese Encephalitis <input type="checkbox"/>	\$164

Anti-malarial prophylaxis

		Contraindications	Common side effects	Price
Doxycycline daily dose 2 days before 4 weeks after	<input type="checkbox"/>	Pregnancy, breastfeeding, children <8 years of age, allergy to tetracyclines	Nausea/indigestion, photosensitivity, vaginal candidiasis	4 weeks supply \$11
Mefloquine weekly dose 2 weeks before 4 weeks after Weekly dose	<input type="checkbox"/>	Pregnancy (first trimester), children <5 kg, history of epilepsy, history of depression, anxiety or any other psychiatric illness; cardiac conduction disorder. Women must take contraception.	Headache, nausea, sleep disturbances, vivid dreams, dizziness. Rarely can precipitate depression, anxiety, psychosis	8 weeks supply \$42
Malarone daily dose 1 day before 1 week after	<input type="checkbox"/>	Pregnancy and breastfeeding (due to lack of data)	Headache, nausea	4 weeks supply \$150