

Tell 02 6299 6990 fax 02 6299 6933
www.brindabellapractice.com.au

NOW OPEN 6 DAYS



Please fill in prior to seeing doctor at an appointment preferably at least 6 weeks before your trip. Please note we keep most vaccines in stock on site - including Yellow Fever

TRAVEL QUESTIONNAIRE

Name:

DOB :

Contact Number:

1. Are you allergic to anything? (band aids, iodine, sulphur, penicillin, eggs, neomycin, bees, other) _____ yes no
2. Do you have any medical problems? (mental illness, anxiety, psoriasis, blood pressure, epilepsy, weak immune system, HIV, ulcer, asthma, diabetes, mastectomy, splenectomy, other) _____ yes no
3. Do you take any medications? (including contraceptive pill, antibiotics, heart tablets, pain tablets, vitamins, others) _____ yes no
4. Women: are you pregnant or planning to be within 3 months of your return? yes no
5. Are you in contact with anyone with a weakened immune system? Eg people on chemotherapy, on corticosteroids, or with AIDS? _____ yes no
6. Do you think that you missed any of the standard childhood vaccines? yes no
7. Have you ever had Hepatitis A (jaundice) the disease? _____ yes no
8. Do you feel faint after an injection? _____ yes no
9. Our record of your vaccinations here is attached. In which year were your last vaccinations for HEP A _____ HEP B _____ POLIO _____ TYPHOID _____ TETANUS _____
10. Did you have any questions that you did not understand?
11. Do you have any special health concerns about the trip that you would like to discuss?
12. The swine flu or H1N1 Vaccine is available free from November 2009. When did you have it ? not had this year
yet
13. Which countries (in order) will you visit? How long (in weeks) will you spend in each
1 _____ (___ Weeks)
2 _____ (___ Weeks)
3 _____ (___ Weeks)
4 _____ (___ Weeks)
Accommodation: Tent ___ Budget ___ Air Conditioned Hotel ___ House ___ Other ___
Reason for trip: Holiday ___ Business ___ Scuba ___ Other _____
Date leaving Canberra? _____
Date leaving Australia? _____ Date returning to Australia _____
Do you have health insurance that covers scripts? Yes ___ No ___

Your Signature _____ Thank you
Best phone number to reach you on _____

In most cases each traveller is likely to need a separate appointment with the doctor followed by one with the nurse.

Here is our record of vaccinations for

Is it correct? _____
Have you had any vaccinations elsewhere or before we started using the computer?

_____ If so please provide details of dates and types of vaccine as we do not ready have access to your paper notes _____

When you see the Doctor don't forget to ask for a letter so you can take your medications overseas