|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Patient Details:*** | | | | | | | | | | |
| Title | First Name | | | | | | Surname | | | |
| Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_ | | Sex: | | | ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER?  Aboriginal Torres Strait Islander Both Neither | | | | | |
| ***Medicare Information:*** | | | | | | | | | | |
| \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | Expiry: \_ \_ / \_ \_ \_ \_ | | | | |
| ***Address:*** | | | | | | | | | | |
| Street | | | | Town/Suburb | | | | | State | Postcode |
| ***Contact Details:*** | | | | | | | | | | |
| Telephone: | | | Mobile: | | | | | Email: | | |
| ***Emergency Contact Details:*** | | | | | | | | | | |
| Name: | | | Contact Number: | | | | | Relationship to You: | | |

## Travel Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Today: | | | | | | | Date of Departure: | | | | | Date of Return: | | |
| Country/Countries (in order of visit) | | | | Which Cities? | | | | | Accommodation (hotel/tent/backpack etc) | | | | Duration (weeks or days) | |
|  | | | |  | | | | |  | | | |  | |
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|  | | | | | | | | | | | | | | |
| Is your general health good?  [ ] Yes [ ] No | | | | | | Could you be pregnant while away?  [ ] Yes [ ] No | | | | | Will children be travelling with you?  [ ] Yes [ ] No | | | |
|  | | | | | |  | | | | |  | | | |
| ***Allergies:*** | [ ] Nil Known | | [ ] Yes (please specify): | | | | |  | | | | | | |
|  | | | | | | |
|  | | | | | |  | | | | |  | | | |
| Please list any past medical/health problems you have had both here and overseas. Especially take note of **jaundice, hepatitis, ear or hearing problems or have a disease which lowers immunity (e.g. cancer, HIV/AIDS)**: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | |  | | | | |  | | | |
| *Please indicate the most recent year the following vaccines were given to you:* | | | | | | | | | | | | | | |
| Vaccine | | Year Given | | | Vaccine | | | | | Year Given | | Vaccine | | Year Given |
| Tetanus/Diphtheria | |  | | | Typhoid | | | | |  | | Mantoux/BCG | |  |
| Polio | |  | | | Cholera | | | | |  | | Meningitis | |  |
| Flu Vaccine | |  | | | Hepatitis A | | | | |  | | Japanese Encephalitis | |  |
| Pneumovax | |  | | | Hepatitis B | | | | |  | | Q Fever | |  |
| Measles/Mumps/Rubella | |  | | | Combined Hep A & B | | | | |  | | Rabies | |  |
| Varicella | |  | | | Combined Hep A & Typhoid | | | | |  | | Yellow Fever | |  |
|  | |  | | |  | | | | |  | |  | |  |
| Would you like information on medical kits for travellers to prevent illness? [ ] Yes [ ] No | | | | | | | | | | | | | | |
| How will you be paying? [ ] Cash [ ] Credit Card (what is your credit card type?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

The staff will print out a TRAVAX report on your destination countries for you to read while you wait.