

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
e.g. <i>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 ' No ' Year	Pneumococcal	Yes ' No ' Year
Measles/Mumps/Rubella	Yes ' No ' Year	Meningitis	Yes ' No ' Year
Polio	Yes ' No ' Year	Yellow Fever	Yes ' No ' Year
Hepatitis A	Yes ' No ' Year	Rabies	Yes ' No ' Year
Hepatitis B	Yes ' No ' Year	Typhoid - oral	Yes ' No ' Year
Influenza	Yes ' No ' Year	- injection	Yes ' No ' Year
Other -	Yes ' No ' Year		

Notes: In Australia the final routine diphtheria and tetanus is given in Year 9
 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

Script given by at the Pharmacy

Tetanus/Diphtheria/Pertussis	‘
Tetanus/Diphtheria/Pertussis/Polio	‘
Polio	‘
Measles/Mumps/Rubella	‘
Influenza	‘
Pneumococcal	‘
Hepatitis A	‘
Hepatitis B (3 inj. required)	‘
Hepatitis A/typhoid combination	‘
Typhoid - oral	‘
Typhoid - injection	‘
Yellow Fever	‘
Meningitis ACYW-135 conjugated	‘
Cholera - oral (2 doses required)	‘
Rabies (3 inj. required)	‘
Japanese Encephalitis	‘

Anti-malarial prophylaxis

		Contraindications	Common side effects
Doxycycline daily dose 2 days before 4 weeks after	‘	Pregnancy, breastfeeding, children <8 years of age, allergy to tetracyclines	Nausea/indigestion, photosensitivity, vaginal candidiasis
Mefloquine weekly dose 2 weeks before 4 weeks after Weekly dose	‘	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
Malarone daily dose 1 day before 1 week after	‘	Pregnancy and breastfeeding (due to lack of data)	Headache, nausea