

YOU

First Name _____ Middle Name _____ Surname _____ Preferred Name _____

Date Of Birth ____/____/____ Contact Phone # _____ Email _____

Address _____ Postcode _____

Medicare Number _____ Ref# (Number next to your name) _____ Expiry ____/____

YOUR HEALTH

Have you travelled to developing countries before No Yes(Please Specify) _____

Did you have any health problems while away? No Yes(Please Specify) _____

Do you have OR have you had any of these medical problems

- Asthma/chest trouble Diabetes Epilepsy
- Heart disease/blood pressure HIV/AIDS Joint problems
- Mastectomy Mental Health Issues Psoriasis / skin problems
- Splenectomy Stomach/bowel problems
- Weakness of the immune system (eg: AIDS, Cancer, Leukaemia, Lymphoma, taking immune suppressing drugs)

Any other medical problems? No Yes(Please Specify) _____

Do you have a personal or family history of a blood clotting disorder, clots in the leg veins or lungs (pulmonary embolus)? No Yes(Please Specify) _____

Have you ever had any of the following diseases: Hepatitis A Measles Chicken Pox

List any medication you are taking now – _____

Have you had any vaccines in the last 4 weeks? No Yes(Please Specify) _____

Do you have any allergies? No Yes - Please list all allergies _____

Have you ever felt faint or fainted after an injection or giving blood? No Yes(Please Specify) _____

Did you miss any of the usual childhood vaccines? No Yes Unsure

Please outline any particular health concerns regarding this trip – _____

Women: Are you breastfeeding, pregnant or planning to become so within 3 months of your return? No Yes

Men: Is your partner pregnant or do you have plans to conceive within three months of your return? No Yes

YOUR TRIP

Please list in order the countries that you intend to visit and how long you will spend in each:

1		days	Date leaving Perth	
2		days	Date leaving Australia	
3		days	Return date (to Australia)	
4		days	Other countries if more than 4	

What is your main reason for travel? Holiday Adventure Work Aid Work

If participating in adventure activities please specify: _____

Main type of Accommodation? 4-5 star hotels Intermediate (2-3 star, work site etc) Basic (Backpacking)

Are you travelling as part of a group? No Yes(Please Specify) Free type box

Has anyone else travelling on this trip with you been to see us already? No Yes(Please Specify)

OTHER

Please note: We are a pay on the day practice that accepts, EFTPOS and all major credit cards. Corporate accounts for work related travel may be billed to a company account with prior consultation.

Signature.....Date _____

Parent/Guardian Signature if under 16 years.....Name of Parent/Guardian _____

Relationship to Child _____

Clinical notes: