NEW TRIP FORM

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 _____/_____

Please tick if you have any of the following - Centrelink Health Care Card ☐ Pension Card ☐ DVA Card ☐

Next of Kin / Emergency Contact _____ Contact # _____

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) _____

Please tick if you have 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 16y……

Name of Parent/Guardian _____