



# Travel Health Assessment – NEW

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Mr / Mrs / Miss / Ms

Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ Mobile \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Consent (reminder for vaccines) Yes no

Are you receiving a  Pension (part/full)  Department of Veterans Affairs  Health Care Card

Pension Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Medicare Card Number \_\_\_\_\_ Reference Number \_\_\_\_\_ Valid To \_\_\_\_\_

I will be paying today by the following method.  Cash  Credit Card  EFT

Are you travelling overseas for work? Yes / No If Yes, which company \_\_\_\_\_

Your Occupation \_\_\_\_\_ Departure date \_\_\_\_\_

**I will be visiting the following countries**

Country (in order of visit)	Duration	Accomm- (tent/hotel/backpack)	Staying in tourist cities Y/N

Is your general health good?  Yes  No Could you be pregnant while away?  Yes  No

Will children be travelling with you?  Yes  No Do you have ear troubles when flying?  Yes  No

Are you allergic to eggs, medications or other substances?  Yes  No

Are you or anyone in your household possibly immune deficient eg on chemotherapy for cancer or immunosuppressant medication or injections?  Yes  No

**Please list:**

Countries you have visited previously: \_\_\_\_\_

Medications or regular injections you are currently taking/receiving: \_\_\_\_\_

Past medical / health problems you have had here and overseas and especially note past history of jaundice, hepatitis, ear or hearing problems \_\_\_\_\_

Would you like information on medical kits for travellers to prevent illness?  Yes  No

Your family doctors name and address: \_\_\_\_\_

**Please indicate which year the following vaccines were given:**

Vaccine	Year given	Vaccine	Year given	Vaccine	Year given
Tetanus/Diphtheria		Typhoid		Meningitis	
Polio		Cholera		Yellow fever	
Flu Vaccine		Hepatitis B		Mantoux/BCG	
Pneumovax		Hepatitis A vaccine		Rabies	
Measles/Mumps/Rubella		Hepatitis A Immunoglobulin		Japanese Encephalitis	

**How did you hear about Wheelers Hill Clinic?**

- Family attend clinic
- Personal recommendation by \_\_\_\_\_
- Saw the sign
- Employer
- Yellow pages
- Web site – whclinic.com.au
- Internet – which site? \_\_\_\_\_
- Health Engine / On line booking
- Aged Care Facility – Name \_\_\_\_\_



## Pre –Immunisation Checklist

DR:

Please read the following and inform the Doctor/Nurse **prior to immunisation** if any of the conditions apply to you.

- Unwell on day of immunization (fever over 38.5 C)
- A severe reaction to any vaccine in the past
- A severe allergy to anything else
- Are pregnant or planning pregnancy within one month of immunization
- Preterm baby, born less than 32 weeks
- Had a 'live' vaccine in the last month  
(Measles-Mumps-Rubella (MMR); Chicken Pox; Tuberculosis ( BCG); Yellow Fever)
- Have (or live with someone with) a disease requiring treatment causing low immunity  
(eg: leukaemia, cancer, HIV/AIDS ,radiotherapy or chemotherapy, taking prednisolone, cortisone, methotrexate)
- Had immunoglobulin or blood transfusion in last 3 months, or intravenous immunoglobulin in last 9 months
- Have a past history of Guillain-Barre syndrome
- Are of Aboriginal or Torres Strait Island descent
- Are suffering from Multiple Sclerosis

I have read and understood the above information prior to immunization; Yes

I accept responsibility for my account and understand the fee for the consultation and vaccines is payable on the day. Yes

**Privacy Statement** – Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised personnel.

The clinic adheres to a strict Privacy Policy, by signing below you are consenting to the terms and conditions as set out in our 'Health Information Collection and Use' form (both are available from reception).

Patient Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Parent/Guardian name (if patient under age) \_\_\_\_\_

Sign \_\_\_\_\_

Date: