



**Patient pre - travel assessment form** (Please complete and return to Receptionist)

Mr / Mrs / Ms / Miss / Dr **Surname** ..... **First name**.....

Date of birth ..... / ..... / ..... Occupation ..... This trip is for holiday / business requirement

**Contact details for the next 1- 2 years:** MOBILE phone ..... Daytime phone .....

Address ..... Postcode .....

Email: .....

Please inform my GP about vaccinations given here (only if you are not a patient of Seymour Medical Clinic):

GP (name and address) .....

I will pay by Cash / EFTPOS/ Visa / MasterCard / Bankcard / AMEX. I have Private Health Extras Cover? Yes / No

**My date of departure is** ..... / ..... / ..... **My date of return is** ..... / ..... / ..... I will visit the following countries:

Country (in order of visit)	Duration (weeks)	Accommodation (hotel / tent / backpack)	Cities only

Please list countries you have visited previously: .....

- Is your general health good? ..... Yes  No
- Have you ever fainted or felt unwell soon after an injection ? ..... Yes  No
- Could you be pregnant while away? (Females only) ..... Yes  No
- Does someone with lowered immunity live at home with you ? ..... Yes  No
- Will children be travelling with you?..... Yes  No
- Are you allergic to eggs, medications or other substances? ..... Yes  No

Please list these allergies:.....

Please list ALL medications you are currently taking: .....

Please list past significant medical / health problems you have had both here and overseas. Especially note past history of jaundice, hepatitis, deep vein thrombosis (DVT) or blood clots, ear or hearing problems or have a disease which lowers immunity (eg cancer, HIV/AIDS, thymus disorder). **Use back of page if you need more space.**

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**\* In order to avoid unnecessary vaccinations along with extra charges, you need to complete the following table before your appointment.** Please put the approximate year you had any of the following vaccines or diseases, including, measles, mumps, rubella, chicken pox as well as the date of your last tetanus vaccine. You can check with your GP or previous medical records to find this information.

Vaccine given	Year	Vaccine given	Year	Vaccine given	Year
Tetanus / Diphtheria / Whooping cough (pertussis)		Typhoid		Mantoux / BCG	
Polio		Cholera		Meningococcal	
Seasonal flu vaccine		Hepatitis B		Japanese Encephalitis	
Swine flu (H1N1) vaccine		Hepatitis A		Q fever	
Pneumovax		Gardasil ( cervical cancer )		Rabies	
Measles / Mumps /				Yellow fever	
Varicella (chicken pox)					

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