

Section 1: Personal information

Title: _____

First Name: _____

Middle name: _____

Last Name: _____

Preferred name: _____

Date of birth ___/___/___ Male Female

Aboriginal or Torres Strait Islander Yes No

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

e-mail: _____

Section 2: Healthcare cards information

Medicare card number: _____

Reference Number (next to your name): ___

Expiry Date: ___/____

Private Health fund Details:

Name of health fund:

Membership Number:

Do you have a private health extras cover? Yes No

Section 3: Travel Information

Departure date: ___/___/___ Return date: ___/___/___

Country of visit	Accommodation Type (Hotel, backpacking, tent, etc.)	Duration of stay	Places you plan to visit

Will you be taking part in adventure activities? Yes No

Do you suffer from altitude sickness? Yes No

Section 4: Health details

Is your general health good? Yes No

Have you ever fainted or felt unwell soon after an injection? Yes No

Are you pregnant? Yes No

Will children be travelling with you? Yes No

Do you have any allergies? Yes No

Please list all your allergies

Medication/Food	Reaction
1.	
2.	
3.	
4.	
5.	

Please provide a list of your current medications (If any):

Medication	Dose	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		

Section 5: Vaccination History

Please provide your current vaccination status. This helps us to assess your requirement for any new or booster doses and to avoid unnecessary vaccinations. You need to complete the following table before you consult the doctor.

Vaccination name	Yes/ No	If yes, mention year
Tetanus / Diphtheria / Whooping cough (pertussis)		
Polio		
Cholera		
Meningococcal		
Seasonal flu		
Pneumovax		
Measles / Mumps/ Rubella		
Varicella (Chicken pox)		
Typhoid		
Hepatitis B		
Hepatitis A vaccine		
Hepatitis A immunoglobulin		
Mantoux/ BGG		
Meningococcal		
Japanese Encephalitis		
Q fever		
Yellow fever		
Rabies		