SANDRINGHAM MEDICAL CENTRE
Total Health Care

TRAVEL HEALTH QUESTIONNAIRE – (Patient to fill in)

DATE: _____

FIRST NAME _____ **LAST NAME** _____

DOB _____ **AGE** _____

ADDRESS _____

_____

REASON FOR TRAVEL

- ☐ Holiday
- ☐ Holiday & business
- ☐ Expatriate
- ☐ Business
- ☐ Visiting relatives
- ☐ Volunteer work
- ☐ School trip

TRAVEL DETAILS

DESTINATIONS IN TRAVEL ORDER:	ARRIVAL DATE	DEPARTURE DATE	ACCOMMODATION TYPE (to ascertain water quality)
			☐ rural/camping ☐ backpacker ☐ 3-5 star
			☐ rural/camping ☐ backpacker ☐ 3-5 star
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Do you have any plans to:

Scuba dive? _____

Travel to high altitude? _____

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PERSONAL MEDICAL HISTORY

	YES	NO		YES	NO
Heart condition/arrhythmia/ palpitations			Past history of DVT/ blood clots		
High blood pressure			Skin disease		
Diabetes			Pregnant/ planning to		
Lung condition			Recent surgery		
Asthma			History of cancer/leukaemia		
Digestive tract problems			Immune system disorder		
Heartburn/acid reflux			Recent chemotherapy		
Fainting after injections			Recent radiation therapy		
Seizure disorder			Previous reaction to vaccinations		
Any allergies, please specify					

PREVIOUS VACCINATION HISTORY

VACCINATIONS	YES	NO	DATE
Tetanus			
Diphtheria			
Typhoid			
Polio			
Hepatitis A			
Hepatitis B			
Meningococcal			
Yellow fever			
MMR/ measles mumps rubella			
Pertussis/ whooping cough			
Varicella/ Chicken Pox			
Influenza			
Rabies			
Japanese encephalitis			
Cholera			
Other? (please advise)			

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FIRST NAME _____ **LAST NAME** _____

Have you had a blood test for Hepatitis A immunity status _____

Have you had a blood test for Hepatitis B immunity status _____

Please list all medications you are taking: (including non-prescription medications)

_____

_____

_____

_____

_____

Please note any other relevant medical history:

_____

_____

_____

_____

_____