

PRE – TRAVEL ASSESSMENT FORM

(First page only to be completed by traveler)

Place Sticker Here

Date Today:		Date of Departure:		Date of Return:	
Country (in order of visit)		Which cities?		Accommodation (hotel / tent / backpack)	

Is your general health good? Yes No

Could you be pregnant while away? Yes No

Will children be travelling with you? Yes No

Are you allergic to eggs, medications or other substances? Yes (If yes, please list below) No

Please list past medical /health problems you have had both here and overseas and especially note past history of **jaundice, hepatitis, ear or hearing problems or have a disease which lowers immunity (e.g. cancer, HIV/AIDS):**

Please indicate the most recent year, the following vaccines were given to you:

<u>Vaccine</u>	<u>Year given</u>	<u>Vaccine</u>	<u>Year given</u>	<u>Vaccine</u>	<u>Year given</u>
Tetanus/diphtheria		Typhoid		Mantoux/BCG – not at MMC	
Polio		Cholera		Meningitis	
Flu vaccine		Hepatitis A		Japanese Encephalitis	
Pneumovax		Hepatitis B		Q fever – not given at MMC	
Measles/Mumps/Rubella		Combined Hep A and B		Rabies	
Varicella		Combined Hep A and Typhoid		Yellow fever	

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

How will you be paying? Cash Credit Card (what is your credit card type?)

The staff will print out a TRAVAX report on your destination countries for you to read while you wait.