



BAYSIDE FAMILY MEDICAL

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Health Questionnaire for International Travel

The detailed information enables us to individualise and tailor travel advice to your specific itinerary

Personal Details First Name: _____ Last Name: _____ DOB: _____

Dates of your Trip Date of Departure: _____ Return Date: _____

Detailed Itineraries

Country	Cities/Areas	Length of stay in days	Altitude Y/N – Metres

Please mark all that describes your trip

Trip Type	Business	Holiday	Visiting Family / Other
Holiday Type	Package	Backpacking	Cruise / Trekking
Accommodation	Hotel (A/C)	Budget / Hostel	Camping / Relatives
Travelling	Alone	With Family / Partner	Friend / Group
Staying In	Urban Area	Rural Area	Mountain / Arid Region
Activities	Trekking	Safari / Adventure	Scuba / Extreme Activity

Health Status – Current & Past

Do you have OR have you had any of these medical problems (please indicate)

Asthma / Lung disease / Epilepsy / Diabetes / High Blood Pressure / Irregular Heart Beat /
 Stomach Ulcer / Psoriasis / Blood Disorders / DVT / Weakened Immune system / HIV /
 Mastectomy / Mood or Anxiety Issues / Splenectomy / Liver or Kidney disease / Thymus /

a) Any other medical problems (please specify) _____

- b) List any current or repeat medications you are taking now (eg contraceptive pills, antibiotics) _____
- c) Are you allergic to (please circle) Eggs, Bees, Sulphur drugs, Penicillin, Latex, Band-Aids, Other _____
- d) Have you ever felt faint or fainted after an injection or giving blood? Yes No
- e) Could you be pregnant now OR any plans for pregnancy within 3 months of return Yes No
- f) Does anyone around you have a weakened immune system? (Eg Cancer/HIV patients) Yes No
- h) Have you ever had a serious reaction to previous vaccines? Yes No
- i) Did you miss any of your usual childhood vaccinations? Yes No

VACCINATION HISTORY

Ns	DISEASE	Previous Vaccination	Date	Brand/ Booster	X	Dr's Schedule - Recall done Y/N
	Typhoid (IM / O)					
	Hepatitis A					
	Hepatitis B					
	Rabies					
	Tetanus/Pertussis					
	Polio					
	Flu					
	Meningitis ACWY / B					
	Yellow Fever(I)					
	MMR (I)					
	Chicken Pox(I)					
	Shingles VZV(I)					
	TB (I)					
	Hib					
	Japanese Encephalitis					
	Pneumonia 13 / 23					
	Cholera (o)					