



Travel Consultation – Visit Requirements

Please fill in this form, save it and email it back to us – info@cliffordgardensmedical.com.au



Title: _____

Surname: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Travelling to (Please list **ALL** Countries):

Date Leaving Australia: _____

1. Bring a full copy of your **itinerary** and the exact places around the world you will be visiting.
2. If you have any records of prior vaccinations or Yellow Fever Vaccination (e.g. the Yellow Book) – please bring these along with you.
3. If you know you will need a certain vaccine – please fill in below.

Completing this questionnaire prior to the appointment will assist to ensure all the required vaccines are on-site for your consultation.

Pre-appointment Questions

Do you have any medical conditions that lowers your immunity? _____
(You will be required to stay at the practice for 20 minutes after vaccination if any “live vaccine” is required. Please factor this into your timing).

Do you need the Yellow Fever Vaccination? _____
(You will be required to stay at the practice for 20 minutes after vaccination if any “live vaccine” is required. Please factor this into your timing).

Purpose of trip? _____

Will you be:

Visiting areas that are:

Rural?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Urban?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Primitive or remote?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

Ascending to high altitudes (8000ft or higher)? Yes No Not Sure

Working with potential exposure to body fluids?
(e.g. medical or dental work) Yes No Not Sure

Working with exposure to animals? Yes No Not Sure

Potentially having new sexual partners? Yes No Not Sure

Accommodation (Check all that apply)

Resort/large hotel Small hotel/Guest House/B&B Cruise Ship
 Private home (with relatives) Private home (Expatriate or high-end) Primitive Camping
 Up-scale camp/lodge Dormitory / hostel

If not a patient at Clifford Gardens Medical Centre, please fill in the following:

Do you have any Allergies? _____

Are you on any regular medications? _____

Do you have any Medical Conditions? _____

VACCINATION HISTORY**(Please bring all vaccination records to your appointment)****Have you received the following immunisations?**

Rabies	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Hepatitis A	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Hepatitis B	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Meningococcal	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Measles/Mumps/Rubella	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Polio	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Tetanus	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Typhoid	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Yellow Fever	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Japanese Encephalitis	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Influenza	<input type="checkbox"/> Yes When? _____	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Other _____			

Have you ever had an adverse reaction to an immunisation? Yes No Not Sure