

Overseas Travel Information

~~~~~

Currently Australians undertake more than 2.5 million overseas trips per year.

Safe travel overseas is dependent upon travellers being well informed, particularly about the potential risks of their individual destination(s).

**Protective behaviours are most important** in guarding against

- Accident, e.g. due to road trauma.
- Sexually transmittable diseases. Travellers should adopt “safe-sex” behaviour, take Australian condoms overseas with them, and use them!
- Illness due to disease-transmitting insects such as mosquitoes, ticks, etc.

**REMEMBER, If you are unwell on return from overseas you should report promptly to your doctor, giving details of your trip.** Illness such as malaria can be very dangerous unless diagnosed and treated early.

It is important to advise all of your intended destinations-

For example, a business traveller to South Africa staying in an air-conditioned 5-star hotel may not be subject to many risks.

But if he or she proposes to travel to a national park/wildlife area on a weekend, they may be venturing into a malaria-risk area. Therefore, they may need anti-malaria drugs.

Tailoring travel advice to **your** health needs is also important.

For example, information is required about past vaccinations and allergies.

Female travellers may be pregnant or taking the oral contraceptive.

If possible, find out as much as you can about previous vaccinations, including any reaction or side effects, before attending for your travel health medical.

## ***PLEASE TAKE NOTE OF THESE FACTS.***

- Vaccinations can take time to be optimally effective, generally 1-2 weeks after the last dose in a course. You want your vaccinations to begin working **BEFORE** you get to your destination, **NOT AFTER** you return.
- Some vaccines cannot be given at the same time as other vaccines. This can mean that more time is required to complete the course of injections.
- Where possible the vaccination program should generally commence 4-6 weeks before departure, and optimally 8 weeks pre-departure.
- **If you have an illness that attacks your immune system, or you share a house with someone who has such an illness, there are some vaccines you should not receive as they could make you, or your housemate very sick if the immune system is not equipped to deal with them. You should notify the doctor if you think this might apply to you.**

**Previous allergic reactions are also very important. It is helpful if you can try to track down any details of past reactions to any foods, drugs and especially if you have had previous reactions to vaccines.**

# ***Boroondara Health & Wellness Centre***

738 Glenferrie Rd. Hawthorn Vic 3122  
**Telephone: 03 9819 4044 Facsimile: 03 9819 4244**

**Please Complete and Fax Back to 03 9819 4244 AT LEAST 4 Days Prior to Your Appointment. In order to assist you and make the medical consultation most effective, your assistance in completing this questionnaire is requested before you see the doctor.**

Name ..... Contact Phone: ..... Country of Birth .....

Age ..... Occupation/s .....

Date of Departure ..... Length of trip .....

Purpose of trip (eg holiday, work) .....

**Destination(s)-**

1. Please give **AS MANY DETAILS OF YOU ITINERARY as possible, using a separate page if necessary.**  
 Please rate accommodation in each location from 1 to 5 stars (eg. 5 Star-Luxury top class hotel; 1 Star- tent, hut without toilet sanitation and/or fresh clean water)

| Country | Town/City | Rural Area Y/N? | Dates in each location       | Rate Accommodation: 1-5 stars |
|---------|-----------|-----------------|------------------------------|-------------------------------|
|         |           |                 | From                      to |                               |
|         |           |                 | From                      to |                               |
|         |           |                 | From                      to |                               |
|         |           |                 | From                      to |                               |
|         |           |                 | From                      to |                               |

**Medical History**

Do you have any important past medical history? Eg. Past long-term illness, cancer, illnesses affecting liver, heart, kidneys, lungs or causing impaired immune system. If so, please give details below.

| When (approximately) | Diagnosis if known | Length of illness | Continuing illness or not |
|----------------------|--------------------|-------------------|---------------------------|
|                      |                    |                   |                           |
|                      |                    |                   |                           |
|                      |                    |                   |                           |

Have you had your **spleen removed?** **YES / NO** (This can alter what vaccines you need)

Have you had **hepatitis/jaundice?** **YES / NO** (This can alter what vaccines you need)

Do you suffer from any **Neurological problems** like epilepsy or MS? **YES / NO** Specify: .....

Have you had **Depression or anxiety** : **YES / NO** ? Specify treatment prescribed: .....

Do you have an illness that attacks your immune system, or do you share a house with someone who has such an illness? (there are some vaccines you should not receive, as they could make you or housemate very sick if the immune system is not equipped to deal with them) **YES / NO**

If yes, please specify.....  
 .....

**Allergies**

Are you allergic to any drugs, foods or medications? (eg antibiotics, eggs, sulphonamides).

| Drug, food or medication | Type of reaction (describe) | When did the reaction occur? |
|--------------------------|-----------------------------|------------------------------|
|                          |                             |                              |
|                          |                             |                              |
|                          |                             |                              |

**FEMALES:**

Are you taking the oral contraceptive pill. **YES / NO**

Using other forms of contraception? If other, what type?.....

Are you pregnant? **YES / NO** If yes, expected date of delivery.....

Are you planning to become pregnant in the next 3 months? **Y / N ?** Are you breastfeeding **Y / N ?**

**Have you ever had any of the following vaccinations? If so, please list the year of your last injection (booster) and the month if known. Also indicate any reaction to vaccines that you had.**

|                                                                                      | <i>Date of Last Vaccination</i> | <i>Did you complete full course? Y/N unsure?</i> | <i>Any Reactions? (Describe)</i> |
|--------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------|----------------------------------|
| <b>Childhood Vaccines</b>                                                            |                                 |                                                  |                                  |
| <i>Triple Antigen - Diphtheria/ Tetanus/ Pertussis - given to children</i>           |                                 |                                                  |                                  |
| <i>Mumps, Measles, Rubella (MMR)</i>                                                 |                                 |                                                  |                                  |
| <i>Childhood Meningococcal C (Meningitec/NEIS/Menjugate )</i>                        |                                 |                                                  |                                  |
| <i>Hepatitis A - Chldhood Full course = 2 shots</i>                                  |                                 |                                                  |                                  |
| <i>Hepatitis B - Childhood Full course = 3 shots</i>                                 |                                 |                                                  |                                  |
| <i>Combined Hep A/B (Twinrix) - Childhood. Full course = 3 shots</i>                 |                                 |                                                  |                                  |
| <i>Polio Oral (Sabin)</i>                                                            |                                 |                                                  |                                  |
| <i>Polio Injection (IPOL or IPV)</i>                                                 |                                 |                                                  |                                  |
| <b>Adult Vaccines</b>                                                                |                                 |                                                  |                                  |
| <i>Tetanus (ADT) Given to adults</i>                                                 |                                 |                                                  |                                  |
| <i>Tetanus, Diphtheria &amp; Pertussis (Boostrix) Given to adults</i>                |                                 |                                                  |                                  |
| <i>Tetanus, Diphtheria &amp; Pertussis Plus Polio (Boostrix IPV) Given to adults</i> |                                 |                                                  |                                  |
| <i>Hepatitis A - Adult. Full course = 2 shots</i>                                    |                                 |                                                  |                                  |
| <i>Hepatitis B - Adult Full course = 3 shots</i>                                     |                                 |                                                  |                                  |
| <i>Combined Hep A/B (Twinrix) Full course = 3 shots</i>                              |                                 |                                                  |                                  |
| <i>Typhoid: -injection</i>                                                           |                                 |                                                  |                                  |
| <i>- oral capsules</i>                                                               |                                 |                                                  |                                  |
| <i>Combined Hep A/Typhoid (Vivaxim)</i>                                              |                                 |                                                  |                                  |
| <i>Yellow Fever vaccine</i>                                                          |                                 |                                                  |                                  |
| <i>Rabies Full course = 3 shots</i>                                                  |                                 |                                                  |                                  |
| <i>Japanese Encephalitis vaccine</i>                                                 |                                 |                                                  |                                  |
| <i>Cholera ("Dukoral" oral vaccine)</i>                                              |                                 |                                                  |                                  |
| <i>Mencevax/Menimmune (for</i>                                                       |                                 |                                                  |                                  |

|                                                                     |  |  |  |
|---------------------------------------------------------------------|--|--|--|
| <i>Meningococcal strains ACW&amp;Y</i>                              |  |  |  |
| <i>Pneumococcal Vaccine (Pneumovax)</i>                             |  |  |  |
| <i>Influenza - Recommended annually</i>                             |  |  |  |
| <i>Rubella - Booster Recommended for women of child bearing age</i> |  |  |  |
| <i>Other: (Specify)</i>                                             |  |  |  |
|                                                                     |  |  |  |

*If you have any questions – please ask! They will be important to deal with pre-departure.*