UFS Medical
Pre-travel assessment

Patient details

Surname:	Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other	
First Name:	Preferred Name:	Pronouns:
Email:	Gender at Birth:	
Street Address:		
Suburb:	Postcode:	Are you a UFS member? ☐ Yes ☐ No
Phone No:	Occupation:	
Date of Birth:	Medical Centre: ☐ Doveton St ☐ Lucas ☐ Windermere St ☐ Sebastopol ☐ UCC	

Medicare / Veteran Affairs / Health Care Card

Medicare No:	Ref No:	Expiry Date:
Veteran Affairs No:		Expiry Date:
Pension Card No:		Expiry Date:
Health Care Card No:		Expiry Date:

Travel details

Date of departure:	Date of return:

Countries to be visited	Cities to be visited	Duration of stay

Please circle all the elements that reflect the nature of your trip:

Type of trip	Business	Pleasure	Other			
Holiday type	Package	Self-organised	Backpacking	Trekking	Camping	Cruise ship
Accommodation	Hotel	Relatives	Hostel	Other		
Nature of location	Urban	Rural	High altitude			
Activities	Safari	Adventure	Other			
Travelling with	Alone	Family	Group	Friend/s	Colleague/s	

Your health - current or past

Please list any medications that you are currently taking

Medication name

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Please circle any current or past medical conditions or treatments:

Asthma	Diabetes	High blood pressure	Leukemia
HIV/AIDS	Irregular heartbeat	Splenectomy	Epilepsy
Heart disease	Blood clotting disorder	Weakened immune system	Transplant
Chemotherapy	Radiotherapy		

1. Please list any other medical conditions:

2. Are you allergic to any of the following? (please circle) **Eggs** **Penicillin** **Iodine**
   Do you have any other allergies?

3. Have you ever felt faint or fainted after an injection or giving blood? **Yes / No**

4. Could you be, or are you planning to become pregnant within 3 months of your return? **Yes / No**

5. Are you in contact with anyone with a weakened immune system? **Yes / No**

6. Have you ever had an adverse reaction to a vaccination? **Yes / No**

7. Have you ever taken Malaria tablets? **Yes / No**

Vaccination history

Please write the date of vaccination next to the vaccine. *Previous travel patients please record vaccinations given elsewhere since your last visit to our clinic.*

Tetanus	Whooping Cough / Tetanus	Polio
Influenza	Hepatitis A	Hepatitis B
Rabies	Yellow Fever	Measles, Mumps, Rubella
Japanese Encephalitis	Typhoid	Varicella (Chicken Pox)

Signed:	Date:

Privacy Policy

UFS Medical is committed to maintaining confidentiality of your personal information. It is the policy of UFS to maintain the security of personal health information at all times and to ensure that this information is only available to authorised persons such as UFS Medical practitioners, including our GPs, Practice Nurses and Allied Health Practitioners. Information may be disclosed to other organisations where required by law, for referral for ongoing care such as your usual GP, or if necessary contact details may be disclosed for debt recovery purposes. De-identified data may also be shared with the Western Victorian Primary Health Network and the State and Commonwealth Governments. Further information about how the Department handles personal information is in the Department's privacy policy, which you can read at: www.health.gov.au/using-our-websites/privacy.