

## Predeparture medical questionnaire – NEVDGP (march 2005)

<b>Name:</b>		<b>Age:</b>	<b>Country of origin:</b>
Purpose of travel:	Private <input type="checkbox"/> Business <input type="checkbox"/>	Accommodation:	<input type="checkbox"/> 3 - 5 star <input type="checkbox"/> Backpacker
Departing date: Total length of trip:		Special activities:	<input type="checkbox"/> Sports – diving, trekking <input type="checkbox"/> Cycling, cave exploration <input type="checkbox"/> Other -
<b>Places to be visited:</b>			
Country	Town	Rural area	Days spent at this location
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Vaccination record:</b>			
Hepatitis A	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Meningitis C	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Meningitis A,C,W	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Tetanus/Diphtheria	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Rabies	Yes <input type="checkbox"/> No <input type="checkbox"/> Year
Measles/Mumps/Rubella	Yes <input type="checkbox"/> No <input type="checkbox"/> Year	Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Year

Current state of health: (including PH gastrectomy, splenectomy)

Chronic illnesses: (asthma, emphysema, diabetes, heart disease, epilepsy)

Recent or current medical treatment:

History of jaundice or hepatitis:

Allergies (e.g. eggs, antibiotics, sulfonamides):

Neurological disorders (e.g. epilepsy, multiple sclerosis, etc.): If yes, treatment prescribed (specify)

### History of:

Anxiety or depression: Yes  No   
 Kidney problems: Yes  No   
 Hypertension, Yes  No  ; Angina: Yes  No   
 DVT: Yes  No  ; Pacemaker: Yes  No

### For women:

Contraceptive pill: Yes  No   
 Current pregnancy: Yes  No   
 Currently breastfeeding: Yes  No   
 Pregnancy likely within 3 months: Yes  No

**Accompanying children** Yes  No  ; **Do you have a suitable medical kit** Yes  No  ;

**Do you have Medical insurance** - with appropriate cover, i.e. accident, sickness, medical repatriation/evacuation.

Nb. Some countries now require proof of adequate health insurance as a condition of entry; Yes  No

**Have you checked with Department of Foreign Affairs for information on the destination country** Yes  No  ;  
 (Consul addresses, contact numbers, crime & local customs and laws – Website <http://www.smarttraveller.gov.au/> )

### Have you had the following check-ups

Dental: Yes  No  Ophthalmologic: Yes  No  (pack spare spectacles or lens prescription)

Other according to specific conditions: Yes  No  (e.g. pregnancy, diabetes, cardiac)

Specify -

Extracted & modified from WHO - [http://www.who.int/ith/chapter01\\_04.html#checklist](http://www.who.int/ith/chapter01_04.html#checklist)  
 ( Please read NEVDGP disclaimer – <http://www.nevdgp.org.au/travel>