

Monash University Health Service - Travel Questionnaire

Name: _____ D.O.B: _____ Date: _____

1. Date of departure _____ Date of return _____

2. Complete your travel itinerary, preferably in chronological order

Country	Region Urban/Rural	Length of Stay	Month of Year	Type of Travel (eg. bus, backpack)	Type of Accommodation

3. In which country(s) did you spend your childhood? _____

4. Did you complete your routine childhood immunisation? Yes No Uncertain

5. Have you been vaccinated against any of the following diseases?

	Yes/No	Year of last vacc		Yes/ No	Year of last vacc
Tetanus			Typhoid		
Diphtheria			Hepatitis A- other		
Polio			Hepatitis B		
Measles			Meningococcal Meningitis		
Mumps			Japanese Encephalitis		
Rubella			Rabies		
Hib (Haemophilus Influenza B)			Pneumococcal Pneumonia		
BCG (Tuberculosis)			Influenza		
Yellow Fever			Other		

*NB: In Australia the final routine diphtheria and tetanus is given in Year 9

** MMR routinely given at age 12 months since 1989

*** MMR routine given in Year 6 since 1994

6. Have you ever experienced an adverse reaction to the above vaccine? Yes No
Which vaccine? _____ Describe the reaction _____

7. Are you a blood donor? Yes No If yes, last date donated? _____

8. Have you previously taken any anti-malarials? Yes No Which? _____
If yes, for how long? _____
Any adverse reactions? Yes No Describe _____

9. Are you allergic to eggs, any drugs or vaccines? Yes No
If yes, describe _____

10. Do you suffer from any other allergies? Yes No _____

11. Have you had hepatitis? Yes No If yes, what type? _____

12. Do you have a deficiency of the immune system? Yes No

13. Do you have any past or existing medical conditions, in particular of the heart, lungs, diabetes, epilepsy or skin diseases? Yes No Details _____

14. Have you had any operations? Yes No Details _____ 5.

15. Are you currently suffering from any particular illness? Yes No
Details _____

16. Have you been diagnosed with any mental health illness? Yes No

17. Please list all current medications (including contraception) _____

18. Are you pregnant, trying to become pregnant or breastfeeding? Yes No

Physician's comments

PRESUMPTIVE MALARIA TREATMENT

	Duration or Quantity
<u>Fansidar</u> tablets take 3 as a single dose	
<u>Mefloquine</u> 250mg base tablets take 2 immediately then 2, 6-8 hours later	

MALARIA PROPHYLAXIS

	Duration or Quantity
<u>Chloroquine</u> 150mg base tablets 2 tablets once each week	
<u>Mefloquine</u> 250mg base tablet 1 tablet each week	
<u>Doxycycline</u> 100mg tablets 1 tablet daily	

OTHER MEDICATIONS

	Quantity
<u>Bowel Kit</u> Loperamide 2mg Norfloxacin 400mg Tinidazole 500mg Electrolyte replacement solution Prochlorperazine maleate	

ADDITIONAL MEDICATION

Drug name & form	Strength	Dose	Route & frequency	Quantity