

Travel Health Visa

For attention of _____
Company _____
Travellers Name _____

Date of Birth _____
Date of assessment _____

Medical care provided

- () Pre-travel consultation
() Pre employment medical
() Pre assignment medical
destination: _____
() Frequent traveller medical
() Post travel medical
returned from: _____

Immunisations

Disease	Vaccine given	Valid to
Polio		
Tetanus		
Diphtheria		
Whooping Cough		
Chicken Pox		
Meas/Mump/Rub		
Flu		
Pneumonia		
Typhoid		
Hepatitis A		
Hepatitis B		
Meningitis		
Yellow Fever		
Cholera		
Jap B Enceph		
Rabies		
TB		

Reminders Required	Item	Date:

Antimalarials

() No () Yes

Travellers Medical Kit

() No () Yes

Investigations

Blood

FBC _____
E/LFT _____
Blood group _____
Hep A _____
Hep B _____

Urine

Micro and Culture _____
Drug and Alcohol screen _____

Other

Mantoux test _____
Chest Xray _____
Audiometry (hearing) _____
Spirometry (lung) _____
ECG (heart) _____

Summary

- () Patient sufficiently vaccinated for travel
() Necessary preparation in progress
() Fit for any type of placement
() Fit subject to special conditions
() Temporarily unfit pending further investigation

Details

Follow up required () No
() local doctor
() specialist

Allergies

Dr. Signature _____

Dr. Name _____

Date signed: _____

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Please return this form to your employer as it documents you have satisfied occupational health and safety compliance with travel health recommendations