

OCEAN WAVE MEDICAL PATIENT PRE-TRAVEL INFORMATION FORM

Ocean Wave Medical is an accredited Yellow Fever Vaccination Centre. Most vaccines are carried in stock for your travels.

PATIENT NAME & ADDRESS:	Dob:
APPOINTMENT DATE AND TIME:	DR:
Are you a current patient of Ocean Wave Medical? If No, who is your regular Doctor and at what Clinic?	Yes No
Do you want us to notify your regular GP about vaccinations given here?	Yes No
Date of Departure: _____ Date of return: _____	
Countries you will be visiting:	Duration of stay at each
Is your general health good?	Yes No
Have you ever fainted or felt unwell soon after an injection?	Yes No
Could you be pregnant now, or while your away?	Yes No
Does someone with lowered immunity live at home with you?	Yes No
Will children be travelling with you?	Yes No
Are you allergic to eggs, medications or other substances? If Yes please list all allergies:	Yes No
Have you ever had here or when travelling any of the following (pls circle): deep vein thrombosis (DVT), blood clots, ear or hearing problems, hepatitis, immunity lowering diseases such as cancer, HIV, Thymsus disorders etc). Please list others:	
To ensure you are not give any unnecessary vaccination, please complete before your appointment any vaccinations or diseases including measles, mumps, rubella, chicken pox you may have had along with your last Tetanus vaccine date.	

Vaccine Given	Year	Vaccine Given	Year	Vaccine Given	Year
Tetanus/Diphtheria/ Pertussis (whooping cough)		Typhoid		Gardasil (cervical cancer)	
Influenza Vaccine		Yellow Fever		Pneumovax	
Meales/Mumps/Rubella		Q Fever		Swine Flu (H1N1)	
Varicella (chicken pox)		Hepatitis A		Meningococccal	
Polio		Hepatitis B		Japanese Encephalitis	
Cholera		Mantoux/BCG		Rabies	

Patient's signature:	Date:
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