

# **Travel Immunisations**

If you need Travel Immunisations please download and complete our Overseas Travel Form, and return the form either by email or in person to our practice.

The Overseas Travel Form asks for information on your past vaccine history, the duration of your stay, and where you will be staying.

We ask you to complete the Overseas Travel Form at least 6 weeks prior to your visit so your doctor can check the latest information regarding the regions you are visiting and therefore not waste time during your appointment.

As we do not stock Travel Immunisations routinely, so you will need to make a double consult with the doctor where you will be given scripts to purchase the required immunisations and medications from the chemist and discuss safe travel practices. Most vaccines are available however at times there are shortages and some vaccines may have to be ordered.

Once your immunisations and medications are purchased you will need to make a standard appointment to have them administered by your doctor. We can store your refrigerated items for you once purchased before your appointment.

If you or a family member are worried about having a vaccine there are **topical anaesthetic patches** you can buy from the chemist called **EMLA** patches. If put on at least one hour before any vaccine the area will be completely numb. Two/three inches down from your shoulder in the muscle of your upper arm is the ideal placement for the patches. If you are unsure of the placement, come in and see the practice manager who will put the patches on for you.

- Fill in Overseas Travel Form and return it
- Book double appointment with your doctor
- Pick up scripts and order vaccines/medications from the pharmacy, buy EMLA patches
- Book standard appointment with your doctor to have vaccinations, put on EMLA patch at least one hour prior to appointment.
- Book appointment if booster immunisations are subsequently required.

# **Overseas Travel Form**

Australians undertake more than 2.5 million overseas trips per year!

Safe travel overseas is dependent upon travellers being well informed, particularly about potential risks of their individual destinations, their insurance cover and pre travel preparations.

If possible, find out as much about your past vaccinations as you can prior to your appointment, including any known allergies or reactions.

#### Proactive and Protective behaviours are most important in guarding against:

- Accidents: e.g., due to road trauma or substance abuse
- **Sexually transmitted diseases**: travellers should adopt safe-sex behaviour. Take Australian condoms overseas and make sure you use them.
- Illness: due to disease-transmitting insects and animals such as Monkeys, Insects, Ticks etc...

# REMEMBER: if you are unwell upon returning from overseas you should report quickly to your doctor.

Illness such as malaria or Rabies can be very dangerous unless diagnosed and treated early.

It is important to advise all of your intended destinations to your doctor prior to your departure, so the doctor can tailor your travel needs specific to you. For example:

A business traveller to South Africa staying in an air-conditioned 5-star hotel may not be subject to many risks, but if they plan to travel to a local park or wildlife area while there, they may be at venturing into a Malaria-risk area. Therefore, they may need anti-Malaria drugs.

### Please take note of these facts!

- Vaccinations can take time to be optimally effective, generally 1-2 weeks after the last dose
  in a course. You want your vaccinations to begin working BEFORE you get to your destination,
  NOT AFTER you return.
- Some vaccines cannot be given at the same time as other vaccines This can mean that more time is required to complete the course of injections. Where possible the vaccination program should generally commence 4-6 weeks before departure, and optimally 8 weeks pre-departure.
- If you have an illness that attacks your immune system, or you share a house with someone who has such an illness, there are some vaccines you should NOT receive as they could make you, or your housemate very sick if the immune system is not equipped to deal with them, you should notify the doctor if you think this might apply to you.

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Please complete and either post, drop in, email or fax this form back to Kilsyth Doctors at least 4 days prior to your appointment. In order to assist you and make the medical consultation most effective, your assistance in completing this questionnaire is requested before you see the doctor.

Name:	P	hone Number:	
Country of Birth:		DOB:	
Occupation:		Departure Date:	
Length of Stay:	Holiday/Work:		
Destination(s)-			

Please give as many details of your itinerary as possible, if necessary, write out more details on a separate sheet of paper. Please rate your accommodation in each location from 1 to 5 stars e.g.: Luxury hotel would be a 5, while a hut in the jungle with no clean water would be a 1.

		Rural			
		Area			Rating
Country	Town/City	Y or N	Dates in each loca	tion	1-5
			From: to	:	
			From: to	:	
			From: to	:	
			From: to	:	
			From: to	:	
			From: to	:	

## **Medical History**

Do you have any important past medical history? E.g.: past long-term illness, cancer, illnesses affecting the liver, heart, kidneys, lungs, or causing impaired immune system. If so, please give details below.

When (approximately)	Diagnosis if known	Length of illness	Continuing illness or not

1. Have you had your spleen removed?	Yes	No
2. Have you had Hepatitis/Jaundice?	Yes	No
3. Do you suffer from any neurological problems such as Epilepsy or MS?	Yes	No
4. Do you have an illness that attacks your immune system?	Yes	No
If yes, please specify		

### **Allergies**

Are you allergic to any drugs, foods or medications?

Drug, Food or Medicine	Type of reaction	When did the reaction occur?

<u>Females</u>				
Are you taking the oral cor	Are you taking the oral contraceptive pill? Yes No			
Are you using any other fo	rms of contracep	tion? If yes, what t	ype?	,
Are you pregnant? Ye	es No if	yes, expected due	date?	
Are you planning to becor	ne pregnant in th	ne next 3 months?	Yes No	
Are you breastfeeding?	Yes No	)		
Have you ever had any of	the following vac	ccinations		
		Did you		
	Date of last	complete the		
	vaccine	course? Yes/No/Unsure	Any Reactions? Describe	
Childhood Vaccines		105/110/01/54/0	7 my neaddons. Besoniae	
Hepatitis A				
Hepatitis B				
Typhoid				
Yellow Fever				
Meningitis				
Influenza				
Polio				
Tetanus Diptheria (TD) or TDaP				
MMR (Measles/Mumps/Rubella)				
Covid-19				
Cholera (Dukerol)				
Rabies (3 shot's full course)				
Please list all medications	Invocation	over the counter!	you are currently taking	
riease list all lileuications	(prescription or	over the counter)	you are currently taking.	
Name of medication:	<u>Do</u>	ose:	<u>Directions:</u>	