

TRAVEL QUESTIONNAIRE

PERSONAL DETAILS

Last Name: _____ First Name: _____

Date of Birth: _____

Address: _____

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

TRIP DETAILS

Date leaving Australia

Date Returning to Australia

What is the main purpose of your trip

Holiday Business Visiting Family/Friends Work Other

If work please give details

Type of Accommodation

Air conditioned hotel Budget Camping Private Home

Please list in order the places you are staying and length of stay

Location	Length of Stay
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Will you be undertaking any adventure activities?

Climbing Scuba diving Trekking Other

Who will you be travelling with

Solo Partner Organised Group Other

MEDICAL DETAILS

Have you had any serious medical problems such as

Anxiety or panic attacks

Asthma

Blood clotting disorder, thrombosis

Mental illness

Chronic lung disease

Psoriasis

Depression

Pulmonary embolism

Diabetes

Schizophrenia

Epilepsy

Splenectomy

Heart disease

Stomach ulcer

Hepatitis A

Tendency for chest infections

High blood pressure

Thymectomy

HIV/Aids

Weakness of the immune system

Joint problems

Other

Mastectomy

Have you been hospitalized in the last six week

Yes No

If yes, reason

Allergies

Iodine

Gelatin

Neomycin

Latex

Band-aids

Penicillin

Bee stings

Sulphur drugs

Eggs

Other

Did you miss any of the usual childhood vaccines

Yes No

Do you have any particular health concerns regarding this trip

Yes No

If yes please state

Women only

Are you breast feeding or could you be pregnant or plant to become pregnant within 3 months of your return

Yes No