

TMA Prices Confidentiality Agreement



I understand that as part of my assessment of the suitability of the TMA for my practice, I will be given a list of special prices for vaccines etc, which the TMA members receive from our suppliers.

I confirm that the signatory represents an independent clinic and has no financial interest or connection with another clinic that is a member or another Travel Medicine group e.g. TMVC or TCA

I understand these prices will be kept commercially in confidence and will be used by the signatory solely to assist in furthering the understanding of the benefits of TMA, and not divulged to others except for the sole purpose stated. This requirement for confidentiality is ongoing, whether a decision is made to join the TMA or not.

I understand my assessment/ consideration time is limited to six weeks. During the consideration time, officers of the TMA will not discuss membership with others in the nearby area. After the consideration time is lapsed, membership offer will have to be renegotiated.

I understand that my details and potential membership will be discussed with any TMA clinics in the nearby area (as determined by distance and population density)

A copy of this signed document will be held on file

Name of Principle Medical Contact

.....
Signature

.....
Date Signed

.....
Clinic Name

Please email email@drdeb.com.au or fax to 61 7 3221 7076

Information on your practice

Name of Principle Doctor
Address of clinic
Postcode
Phone
Email
Website

Please attach CV of principle doctor who will be contact point for travel
We will ask for documentation of medical registration and medical defence membership prior to confirming membership

Professional qualifications/ experience in travel medicine of principle doctor

- JCU travel medicine certificate
- experience - approx travel pts per month? _____ for _____ years
- ISTM Certificate of knowledge
- Other (if not listed in CV) _____
e.g workshops/ seminars talks on travel medicine

Does your clinic have yellow fever approval

- Yes if yes for how long? _____ No

Approx how many doctors will be see travel patients at your premises? _____

Do you have dedicated / interested RN/s to assist? _____

Current reference source for travel medicine guidelines?

- Travax
- WER
- Australian Immunisation guidelines
- Other please name _____

Currently, are Travel Vaccines supplied to patients?...

- from chemist nearby onsite both onsite and chemist

Do you have policies for	
<input type="checkbox"/> Adverse reaction reporting	<input type="checkbox"/> Safe disposal / sharps
<input type="checkbox"/> Waiting 30 minute after YF vaccine	<input type="checkbox"/> Availability of YF only consultations
<input type="checkbox"/> Batch number recording	<input type="checkbox"/> Post travel medical consultations
<input type="checkbox"/> Long term record storage	

Does your clinic have

<input type="checkbox"/> Resuscitation equipment	<input type="checkbox"/> Vaccination record books on hand
<input type="checkbox"/> Dedicated Vaccine fridge	<input type="checkbox"/> Written information for patient as part of the travel medicine consult?
<input type="checkbox"/> Daily temperature monitoring of vaccine fridge?	