

OVERSEAS HEALTH ASSESSMENT

Summary and Recommendations

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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