TRAVEL CLINIC

Date: _____

Child's Name/s: _____ Date of Birth: _____

Place of birth: _____ If overseas, date of arrival in Aus: _____

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Place of birth: _____ If overseas, date of arrival in Aus: _____

Mother's country of birth: _____ Father's country of birth: _____

Departure date: _____ How many weeks overseas? _____

Which countries are being visited: _____

Has your child travelled overseas before? YES / NO If yes, where: _____

Does your child have any significant illnesses: YES / NO Please specify _____

Is your child on any medications? YES / NO Please specify _____

Is your child up to date with routine immunisations? YES / NO

Has your child had any extra vaccines? YES / NO Please specify _____

Does your child have any allergies YES / NO Please specify _____