

MASTA TRAVEL INFORMATION



**Sullivan
Nicolaides**
PATHOLOGY

Please fax request to:
 Lisa Morgan
 Ph: (07) 3377 8534
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Sullivan Nicolaides Pathology

Please ensure to complete the whole form

Information for requesting doctor. Dr: Patient's Name:..... Fax No: Telephone No: Email Address:..... <i>*(Please choose either email or fax preference)*</i>	Date of Request: Return Travel Information By: (Please indicate) Urgent <input type="checkbox"/> 1-2 Days <input type="checkbox"/> 3+ Days <input type="checkbox"/> Courier Address: e.g. Surgery Name & Suburb.	
Date of Departure:	Date of Return:	
Living Conditions (please tick one only) Rural <input type="checkbox"/> Reasonable <input type="checkbox"/> Tourist <input type="checkbox"/>	Notes:	
Please circle if applicable: Pregnant Children (under 10 yrs old) Children (<2 yrs old) Scuba Diving Backpacking	Cruising Travelling to high altitudes Scuba diving Healthcare/Voluntary/Charity Work Working with animals If you have a pre-existing health problem or a disability (give details)	
Specific countries only: E.g. Countries <u>WITHIN</u> Europe e.g. Italy, France etc.	Please note: Requests returned by e-mail are a PDF file. This makes the map much clearer to read than a faxed copy.	
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Please Note: If you require any additional travel or vaccine advice, please contact Sullivan Nicolaides, Microbiology Department - Phone (07) 3377 8534.