

# Travel Health Advisor



**Sullivan  
Nicolaides**  
PATHOLOGY  
Quality is in our DNA

Please ensure you complete the whole form

Requesting doctor: Dr \_\_\_\_\_

Doctor address: \_\_\_\_\_

(eg Surgery name and suburb)

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of request: \_\_\_\_\_

Return Travel Information by: (please indicate)  1 - 2 days  3+ days

**(Please select either email or fax preference)**

**Patient name:** \_\_\_\_\_

Date of departure: \_\_\_\_\_ Date of return: \_\_\_\_\_

Living Conditions: (please tick one only)  Rural  Reasonable  Tourist

Notes: Living Conditions / Accommodation type:

**Rural:** trekking / backpacking / extensive rural travel / health, teaching or volunteer work

**Reasonable:** 1 to 3 star accommodation in any city or town, day trips to rural areas

**Tourist:** 3 star plus in major cities or major resorts

**Please tick if applicable:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pregnant                     | <input type="checkbox"/> Children (under 10 yrs old)                                 | <input type="checkbox"/> Children (<2 yrs old) |
| <input type="checkbox"/> Scuba diving                 | <input type="checkbox"/> Backpacking   | <input type="checkbox"/> Cruising              |
| <input type="checkbox"/> Travelling to high altitudes | <input type="checkbox"/> Healthcare / voluntary / charity work                       |  |
| <input type="checkbox"/> Working with animals         | <input type="checkbox"/> Pre-existing health problem or a disability: (give details) |  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific countries only: e.g. countries within Europe i.e. Italy, France etc

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Please fax request to: **Lisa Morgan** P: +61 7 3377 8534 F: +61 7 3870 5971

**Please note:** if you require any additional travel or vaccine advice, please contact Sullivan Nicolaides Pathology, Microbiology Department - +61 7 3377 8534