

DR DEB - THE TRAVEL DOCTOR  
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### CONFIDENTIAL MEDICAL QUESTIONNAIRE

This form will allow me to register you and organise a Rabies antibody test via S & N. I will post the S & N form to you and ring you if necessary. This information will not be used for any other purpose.

First Name:.....Last Name.....Date of birth :.....

Address: .....Postcode.....

Email: .....

Best Time to Ring: .....Phone No: .....

Please give the dates of your first rabies vaccinations and details *if available*;

<i>Date</i>	<i>Batch no/ name of vaccine</i>
1	
2	
3	

Dates of Rabies vaccine boosters if any:


Previous Rabies Blood tests/ Serology /antibody titre level *if available*

Date	Result

Would you like a copy of the result to go to your GP. ( ) Yes ( ) No

If yes – please give your GP's name and suburb

GP Name: .....Suburb: .....

I am a volunteer Bat Carer/Handler. ( ) Yes ( ) No Signed.....

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Doctors use only