



**ALLERGIES**

Are you allergic to any animal or insect bites? YES / NO If yes please describe : .....

Elastoplast or similar bandages? YES / NO If yes please describe:.....

Medicines (e.g. Asprin, Penicillin)? YES / NO If yes please describe .....

Foods (e.g. Gluten products)? YES / NO If yes please describe .....

Other? Please describe .....

Have you ever received an antivenom injection? YES / NO If yes please describe .....

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**DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?**

High blood pressure Yes/No Comment:..... Epilepsy Yes/No Comment:.....

Heart disease Yes/No Comment:..... Asthma Yes/No Comment: .....

By-pass surgery Yes/No Comment: ..... Diabetes Yes/No Comment:.....

Pacemaker Yes/No Comment: ..... Emphysema Yes/No Comment: .....

Migraine Yes/No Comment:.....

**OTHER MEDICAL CONDITIONS:**

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**IMMUNISATION STATUS**

Tetanus Y/No: Influenza Y / No: Pneumonia Y / No; Other? .....

Date of last booster .... / .... / ..... .... / .... / ..... .... / .... / ..... .... / .... / .....

Where in your vehicle or luggage do you keep your medications that are required for a current medical condition?

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Signed: .....

Date: .....