

# Travel Health Request

**PLEASE NOTE: Requests must be typed - handwritten forms can not be processed.**  
**This service can only be requested by a doctor. Patients can not submit their requests directly.**

## REQUESTING DOCTOR DETAILS

Doctor's Name \_\_\_\_\_ QML Doctor Code \_\_\_\_\_

Surgery Name \_\_\_\_\_ Ph. No. \_\_\_\_\_

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

**Reports can only be delivered by email.**

## PATIENT DETAILS

Patient's Name \_\_\_\_\_ D.O.B: \_\_\_\_\_  Male  Female

## TRAVEL DETAILS

### Country

Must be specific country or countries of travel,  
**NOT** regions or cities.

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### Type of Travel

(Enter 1, 2 or 3)



#### 1. Rural

Rural travel, health/teaching work, backpacking or long stay  
**(2 months and longer)**

#### 2. Reasonable

Any town or city or organised rural excursions only  
**(longer than 4 weeks but less than 2 months)**

#### 3. Tourist

Major cities and tourist areas, staying in 3 star hotels or better  
**(less than 4 weeks)**

- It is vital that all required information is completed in order for this request to be processed
- This report will be available within **3 working days** (excluding weekends and public holidays)
- If your report has not arrived within this timeframe please contact us on **(07) 3121 4506**

### Doctor's Approval (Please tick)

By ticking this box you are confirming that you agree to the process outlined above.

Please **click submit** or email this request to [QML\\_brimartravelhealth@qml.com.au](mailto:QML_brimartravelhealth@qml.com.au).  
Alternatively you can complete your Travel Health request online at [qml.com.au](http://qml.com.au)

**SUBMIT**

**VACCINES ORDER FORM** [Click here to download the Vaccines order form.](#)

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 **QML Pathology**

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