

AUSTRALIAN DEFENCE COLLEGE MEDICAL INFORMATION

Dear Doctor,

Thank you for taking the time to complete this questionnaire. In many circumstances this will be the only medical information we receive about your patient.

Could you provide details on any major past medical or surgical history. Please provide information on any current medical problems, with relevant test results and any recommended follow-up, and an up to date list of current medications and dosages.

If you have any questions please do not hesitate to contact us on 02 62655979

**CIVI-MO
Australian Defence Force**

AUSTRALIAN DEFENCE COLLEGE MEDICAL QUESTIONNAIRE

Name of GP
Address of medical centre
Phone number
Fax number

Service number	
Rank	
Surname	
First name	
DOB	Sex

Please list current medical conditions

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Please list past surgery

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Please list past medical conditions

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Please list current medications

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ALLERGIES _____

VACCINATIONS

NAME	PRIMARY COURSE DATE OF COMPLETION	BOOSTERS
ADT		
IPV or IPOL		
HEPATITIS B		
HEPATITIS A		
JEV		

NAME	DATE OF LAST VACCINATION
TYPHOID	
MENCEVAX	
YELLOW FEVER	
OTHERS	

G6PD STATUS Normal/Abnormal

OUTSTANDING MEDICAL ISSUES

Please give details of any ongoing medical management, or investigations required for your patient. Please ensure any relevant investigation details are forwarded with your patient.

Signature of

GP _____ **Date** _____

THANK YOU for your time in completing this questionnaire.