

TRAVELLER'S MEDICAL PACK

This packet only serves as symptomatic relief in case you have minor viral infections or allergies during your trip. Those with **heart, liver or kidney diseases or history of drug allergy** should consult a doctor before taking these medicines. If there is persistent pain, fever or chills, rashes, diarrhoea or vomiting, you should also consult a doctor. Tell your doctor where you have been (including transit countries) and what you have taken.

- ☆ Read "Advice to Travellers" pamphlets or browse <http://www.uhs.hku.hk/>
- ☆ If you require vaccination / Malaria prevention, you should consult **Travel Health Clinic 4-6 weeks** before travel.
- ☆ Submit to Medical Reception or Fax to 2548 1430 or email uhealth@hku.hk
- ☆ Collect Traveller's Medical Pack at the dispensary **after three working days**.
- ☆ Please pay and show Student /Staff / I.D. Card at collection.

Maximum request per month is 2 travel packs. Traveller's Medical Pack for Adult:

| Drug | Quantity | Use | Side Effects |
|--------------------------------------|------------|---|---|
| Paracetamol (Panadol) | 10 tablets | For headache, muscle pains or fever | Skin rash, liver damage if taken more than the recommended dose |
| Gelusil or Equiv. | 20 tablets | For stomachache | Rare. Allergy reaction can occur if allergic to ingredient or is excipients |
| Loperamide (Imodium) | 6 tablets | For diarrhoea | May cause constipation |
| Promethazine Theoclate (Avomine) # | 6 tablets | For nausea or motion sickness | May cause drowsiness Avoid alcoholic drinks May impair ability to drive or operate fine machinery |
| Chlorpheniramine Maleate (Piriton) # | 10 tablets | For nasal allergy, skin allergy or itchy rashes | |

NB: Avomine and Piriton should not be taken together or within 24 hours of taking each other.

UNIVERSITY HEALTH SERVICE

TRAVELLER'S MEDICAL PACK REQUEST FORM

- Have you used the UHS medical service before? * Yes / No
If No, please first complete our electronic health questionnaire. <https://hkuportal.hku.hk/login.html> (E. Health Questionnaire)
- Do you have any history of drug allergy? * Yes / No
If yes, please specify _____
- Are you currently taking any other medications (including medicine from other clinic)? * Yes / No If yes, please specify _____
- Do you have any chronic illness? * Yes / No
If yes, please specify _____
- Are you pregnant now? * Yes / No If yes, last menstrual period _____

⊛ **If you fail to obtain your medicine within one month, this application will become invalid.** (* Circle the appropriate)

| | |
|---|--|
| <p>R_x You may request the Traveller's Pack from your doctor during consultations. (this form not required) Date: _____</p> | |
| <p>NAME: (PRINT) _____</p> | |
| <p>HKU NO.: _____ Phone No.: _____</p> | |
| <p>Please supply * one / two Adult's (\$20 each) Pack(s).</p> | |
| <p>Signature of Applicant: _____</p> | <p>For official use only Physician's Signature</p> |

- Medications in this pack are **for your personal use only**, please read carefully the information supplied with this pack.
- This travel pack may interfere with other medications you are currently taking.

Please check with your doctor if in doubt.