

TRAVEL QUESTIONNAIRE

Name: _____ DOB: _____

Address: _____

Email: _____ GP (if not Doctors on Riccarton) _____

Patient to complete sections 1, 2 and 3

Section 1: Trip details

Date Leaving NZ		Length of trip	
Destination(s)			
Purpose of trip (please circle)	Holiday / Vacation / Business / Work / Relief work/ Volunteer work / School / Group trip / Visiting relatives/friends		
	Other (please list)		
Areas visiting	City / Rural / Remote / Countryside / Altitude over 3000 m		
Accommodation	Family/Homestay / Hotels / Lodges / Camping		
	Other (please list)		
Activities which you will be engaged in on your travels	Tourist / Trekking / Cycling / Water sports		
	Other (Please list)		
Work related risk	(If applicable)		
Previous overseas travel, where and when?			

Section 2: Medical History

Medical conditions	
History of operations	
Current medications	
Pregnant or at risk of being pregnant?	Yes / No

Section 3: Vaccinations

Have you been given vaccinations for the following diseases?

Disease	\$ Per Dose*	If Yes, year given	<i>Nurse/Dr to complete</i> <i>R=Recommended D=Declined C=Compulsory</i>
Chicken Pox	75		
Hepatitis A	90		
Hepatitis A/Hepatitis B (Twinrix)	90		
Hepatitis A/Typhoid (Vivaxim)	135		
Hepatitis B	35		
Influenza (seasonal flu vaccine)	TBC		
Japanese encephalitis	200		
Malaria (pharmacy prescription)	TBC		
Meningitis (multiple vaccines available)	TBC		
MMR (Measles,Mumps,Rubella)	TBC		
Pneumonia (Pneumovax)	55		
Pneumonia (Prevenar 13)	240		
Polio	60		
Rabies	150		
Tetanus	25		
Tetanus/Diphtheria/Pertussis (Boostrix)	40		
Travellers Diarrhoea/Cholera (Dukoral)	65		
Typhoid – Oral or Injection	55		
Yellow fever	95		
Other (Please name):			

* Some Vaccines require more than one dose

Please note, there is also a charge for the Travel Consult and administration of the vaccines.

Handouts and education: Nurse/Dr to complete

Food and water /diarrhoea
Travel to altitudes
Insect avoidance
Blood borne viruses/STI
First Aid medical kits

Dengue fever / Malaria
Flight DVT prevention
Rabies
Hepatitis A and B

Patient Signature:

Date: