

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	If Yes, year given	Nurse/Dr to complete <i>R=Recommended D=Declined C=Compulsory</i>
Chicken Pox		
Hepatitis A		
Hepatitis A/Hepatitis B (Twinrix)		
Hepatitis A/Typhoid (Vivaxim)		
Hepatitis B		
Influenza (seasonal flu vaccine)		
Japanese encephalitis		
Malaria (pharmacy prescription)		
Meningitis (multiple vaccines available)		
MMR (Measles,Mumps,Rubella)		
Pneumonia (Pneumovax)		
Pneumonia (Prevenar 13)		
Polio		
Rabies		
Tetanus		
Tetanus/Diphtheria/Pertussis (Boostrix)		
Travellers Diarrhoea/Cholera (Dukoral)		
Typhoid – Oral or Injection		
Yellow fever		
Other (Please name):		

* Some Vaccines require more than one dose

Please note, there are also charges 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: