

The answers you supply in this questionnaire will enable us to give the most accurate medical information and advice for your specific travel plans. Please fill this out completely prior to your travel appointment. The more details you can provide regarding your itinerary, the better we can prepare you for a safe and healthy travel experience. Bring with you, or verify, that we have a copy of your immunisation record.

Please note that there is a \$100 consultation fee, excluding the cost of any vaccinations or medications.

**1 ABOUT YOU**

Full name \_\_\_\_\_

Student ID \_\_\_\_\_

Date of birth \_\_\_\_\_

Country of birth \_\_\_\_\_

Email address \_\_\_\_\_

Phone numbers                      Mobile \_\_\_\_\_                      Home \_\_\_\_\_

**2 TRAVEL DETAILS**

Main country of stay \_\_\_\_\_

Departure date \_\_\_\_\_

Return date \_\_\_\_\_

Purpose of travel? (study, holiday etc.) \_\_\_\_\_

**Please list all the countries, in order of travel, that you will be visiting, or consider visiting**

Country	Region/Cities	Travel date/Duration

What is your living situation going to be?  
(e.g. home stay, dorm, hostel, camping)

List all planned and possible activities  
(e.g. backpacking, hiking, high altitudes,  
scuba diving etc.)

Travel Style

Independent       Package Tour       Adventure trip

Rural       Altitude

Are you visiting friends and relatives?

Yes       No

Do you have any health concerns regarding  
your travel?

Have you had any medical problems?  
(If yes please explain)

Yes       No

Is there any chance you could be pregnant?

Yes       No       N/A

Do you smoke?

Yes       No

Do you have any allergies to medications,  
food etc.? (If yes please list them here)

Yes       No

What regular medications are you taking?

List any previous travel experience outside  
of New Zealand

Do you have travel insurance?

**3 NURSE OR GP TO COMPLETE**

Immunisations required for proposed travel

<u>1</u>	\$	<u>5</u>	\$
<u>2</u>	\$	<u>6</u>	\$
<u>3</u>	\$	<u>7</u>	\$
<u>4</u>	\$	<u>8</u>	\$

Nurse signature

Malaria prophylaxis required  Yes  No

Serology required  Yes  No

Medications required for proposed travel

<u>1</u>	\$	<u>5</u>	\$
<u>2</u>	\$	<u>6</u>	\$
<u>3</u>	\$	<u>7</u>	\$
<u>4</u>	\$	<u>8</u>	\$

GP signature