



High Country Health Ltd

15 Mackenzie Drive
Twizel, 7901, New Zealand

Twizel Medical Centre Travel Questionnaire

Please fill out this form and drop it off at Reception. After the GP has planned what you will require the Nurse will ring you to make a GP appointment, and advise you of the cost of the vaccinations the GP has recommended. At your appointment the GP will discuss your requirements, give you travel advice and give you a prescription for malaria prevention if required. After your GP appointment you can make an appointment with the Nurse to receive your vaccinations. **Please be aware that we require payment in full of all vaccinations prior to ordering.**

Personal Details

Name: Sex:
Date of Birth: Daytime Tel:
Email:

Dates of Trip

Departure Date: ___/___/___ Return Date: ___/___/___

Duration:

Itinerary & Purpose of Visit

	Country	Duration of Stay	Availability of Medical Help?
1.			
2.			
3.			
4.			
5.			

Trip Description – please circle all appropriate:

Purpose:	Business	Pleasure	Other: _____
Type:	Package	Self-organised	Backpacking
Accommodation	Camping	Cruise Ship	Trekking
Hotel	Friends/Family	Other: _____	
Travelling:	Alone	Friends/Family	In a Group
Location Type:	Urban	Rural	Altitude
Activity Type:	Safari	Adventure	Other



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Personal Medical History

List all chronic medical conditions that you have (e.g. diabetes, heart or lung conditions)

List all allergies that you have (eg eggs, nut, antibiotics)

If you have had a serious reaction to a vaccine in the past, which vaccine was it?

List all of your current medications (including the pill)

Have you recently suffered from any infection (eg heavy cold, flu or high temperature)? Yes

Does having an injection cause you to feel faint? Yes

Do you or any close family members have epilepsy? Yes

Do you have any history of mental illness including depression or anxiety? Yes

Have you recently undergone radiotherapy, chemotherapy or steroid treatment? Yes

Have you taken out travel insurance? Yes

If you have a medical condition, have you told your insurance company about it? Yes

Are you pregnant, planning pregnancy or breast feeding? Yes

Write below any further information that might be relevant:

Vaccination History

Have you ever had any of the following vaccinations / tablets and if so, when?

Tetanus	Yes	Polio	Yes
Diphtheria	Yes	Typhoid	Yes
Hepatitis A	Yes	Hepatitis B	Yes
Meningitis	Yes	Yellow Fever	Yes
Influenza	Yes	Rabies	Yes
Jap B Encephalitis	Yes	Tick Borne	Yes
Malaria Tablets	Yes	Other:	

Please drop this form at the Medical Centre and we will phone you for an appointment after the GP has checked your questionnaire.