



# Pre-Travel Questionnaire & Information

Please complete this form in full and send to the Travel Team at Durham Health prior to your consultation.

**Full name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Sex:** Male/Female

**Address:** \_\_\_\_\_

**Phone numbers- Daytime:** \_\_\_\_\_ **Afterhours:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**GP name and address if not enrolled with Durham Health:** \_\_\_\_\_

**Have you travelled internationally before?** **Yes/No**

If so which countries? \_\_\_\_\_

**Date of Intended Travel:** \_\_\_\_\_ to \_\_\_\_\_

Countries I am Visiting	Length of Stay	Urban/Rural/Remote	Itinerary attached ( )

**Please tick purpose of visit:**

<input type="checkbox"/> Business	<input type="checkbox"/> Holiday	<input type="checkbox"/> Guided Tour
<input type="checkbox"/> Volunteer work	<input type="checkbox"/> Medical/Dental Treatment	<input type="checkbox"/> Sporting activities
<input type="checkbox"/> Cruise Ship	<input type="checkbox"/> Safari/Expedition	<input type="checkbox"/> Visiting family/friends
<input type="checkbox"/> Trekking	<input type="checkbox"/> Other.....	

**Are you travelling:**

<input type="checkbox"/> Alone	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Group
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**Please tick Accommodation:**

<input type="checkbox"/> Family/friends	<input type="checkbox"/> Camping	<input type="checkbox"/> Hotels/Motels
<input type="checkbox"/> Youth Hostel	<input type="checkbox"/> Backpackers	<input type="checkbox"/> Other

**Are you staying in area which is Urban Rural Altitude?** **Yes/No**

**High Risk Activities** (e.g. SCUBA Diving, other water sports, climbing to altitude above 2500m) **Yes/No**

If yes please advise .....

**Medications/drugs:** **Yes/No**

List medications/drugs/supplements prescribed or over the counter or recreational use)

Medical Name	Dose

**Contraception (woman):** \_\_\_\_\_

- Medical History:**
- |   |   |
|---|---|
| <input type="checkbox"/> Heart attack/chest pain/rhythm problems          | <input type="checkbox"/> Limb/back injury/surgery or joint disorder |
| <input type="checkbox"/> Asthma, wheeze or lung problems                  | <input type="checkbox"/> Immunosuppressant medication               |
| <input type="checkbox"/> Abdominal surgery or bowel issues                | <input type="checkbox"/> Other major surgery e.g. cardiac, lung     |
| <input type="checkbox"/> Cancer – surgery, chemo or radio-therapy         | <input type="checkbox"/> Mood or mental health condition            |
| <input type="checkbox"/> Epilepsy/seizure or fainting disorder            | <input type="checkbox"/> Headaches or migraines                     |
| <input type="checkbox"/> Stroke   | <input type="checkbox"/> Skin condition e.g. eczema, psoriasis      |
| <input type="checkbox"/> Blood clots or a bleeding disorder               | <input type="checkbox"/> Mood, or mental health condition           |
| <input type="checkbox"/> Infectious condition e.g. malaria, Tb, hepatitis | <input type="checkbox"/> Diabetes                                   |
| <input type="checkbox"/> Other conditions not specified : .....           |   |

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Woman only – are you pregnant or planning pregnancy or breast feeding? **Yes/No**

Do you have any allergies? **Yes/No**  
(E.g. animal fur, pollen/grass, insect bites, stings, foods i.e. eggs/nuts, medications i.e. antibiotics)

Childhood Immunisations – are you up to date? **Yes/No**

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Previous Vaccination History – please provide a print off from your doctor **Yes/No**

**Have you ever had any of the following vaccinations or malaria tablets, if so date administered?**

- |   |                                     |                                       |   |                                      |
|---|-------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Tetanus/Diphtheria | <input type="checkbox"/> Polio      | <input type="checkbox"/> MMR          | <input type="checkbox"/> Typhoid        | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Hepatitis B        | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Yellow Fever | <input type="checkbox"/> Influenza      | <input type="checkbox"/> Rabies      |
| <input type="checkbox"/> Jap B Enceph       | <input type="checkbox"/> Malaria    | <input type="checkbox"/> Cholera      | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> BCG         |
| <input type="checkbox"/> Other.....         |                                     |                                       |   |                                      |

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Travel Vaccine Name	Date administered	Notes:

Have you ever had a serious reaction to a vaccine given to you before? **Yes/No**

Does having an injection make you feel faint? **Yes/No**

Have you taken out travel insurance? (They will need to be aware of medical conditions) **Yes/No**

**Thank you for completing this pre-consultation questionnaire. Please use the space below to ask any specific questions you would like further information about regarding your trip.**

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- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Personal First Aid Kit    | <input type="checkbox"/> Managing motion sickness  | <input type="checkbox"/> Avoiding altitude sickness           | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Safe Sex while travelling | <input type="checkbox"/> Travelling with children  | <input type="checkbox"/> Managing travellers' diarrhoea       |                                       |
| <input type="checkbox"/> Minimising jet lag        | <input type="checkbox"/> Water & Food safety       | <input type="checkbox"/> Mosquito borne conditions/prevention |                                       |
| <input type="checkbox"/> Personal Safety           | <input type="checkbox"/> Travel Insurance          | <input type="checkbox"/> Infection risk                       |                                       |
| <input type="checkbox"/> DVT Prevention            | <input type="checkbox"/> Minimising Travel anxiety |   |                                       |

☐ I have attached my travel itinerary

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**Travel Consultation Prices**

Service	Fee
Travel Consultation – single	\$85
Travel Consultation – Double/Couple	\$70 per person
Travel Consultation – Family (2 adults & children under 16)	\$180
Non Residents – per person	\$95 per person
Follow up consultation	\$30
Re-issue vaccine passport	\$20

We recommend all family members attend the consultation together.

A consultation in the Travel Clinic with our Doctor will take approximately 30 minutes for a single/double and 45 minutes for families. These times are dependent on your health history, destination, length and type of travel. The charges include specific advice for you and your trip with destination specific recommendations.

All vaccination and anti-malarial medications are prescription only and can only be administered after the Doctor consultation in the clinic. A follow-up consultation with our nurse to give vaccinations will take approximately 15 minutes for up to two people and 30 minutes for two or more people.

I understand the service charge for the Travel Consultation as listed above, payable on the day of the consultation. Additional fees will apply for vaccines.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Once completed - please hand in, email or post form to our reception prior to your appointment on: .....**

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**Phone:** (03) 3134659

**Fax:** (03) 313 4658

**Email:** [reception@durhamhealth.co.nz](mailto:reception@durhamhealth.co.nz)

**Post:** 15 Durham Street, Rangiora, 7400

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**Following consultation** - I have no reason to think that I might be pregnant. I have received information on the risks and benefits of the vaccines recommended and have had the opportunity to ask questions. I consent to the vaccines being given.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Indication\*\* of Vaccine Cost**

Polio IPV injection	\$66
Tetanus/Dip	\$31
Tetanus/Dip/Whooping cough	\$45
Tet/Dip/Whooping cough/Polio	\$95
Hepatitis A Adult	\$95
Hepatitis A Child <16yrs	\$62
*Hepatitis B	\$40 ea
*Twinrix (HepA/B) Adult	\$100 ea
Oral Cholera (Dukoral)	\$64 ea
Hepatitis A/Typhoid	\$147
Typhoid Injection	\$60
Typhoid Oral	\$60
Menactra ACWY Conjugate	\$145
*Rabies Intradermal course (3)	\$225
*Rabies Intramuscular course (3)	\$450
*JEV (jespect) course (2)	\$440
Yellow Fever	\$95
Pneumococcal 23	\$82
Influenza	\$30
*Chicken Pox (varilix)	\$90
Shingles (Zostavax)	\$210
*Gardasil 9	\$207 ea

\*these vaccinations require more than one vaccination prior to travel to gain immunity. Prices above are an indication only and will be charged for the cost of vaccination once administered. The doctor will provide a quote on the day of consultation.

### **Our Recommendations**

Gastro Pack  
First Aid Kit/s

#### **Insect protection**

- Permethrin (treats clothing, sheets, sleeping liners, mosquito netting and other fabric gear😊)
- Mosquito Nets

#### **Repellent**

- Repel Ultra 40% DEET 125mls
- Repel 30% DEET 60mls
- Active Duty 30% DEET + SPF23

**OFFICE USE ONLY****Doctor to complete only**

Patient Name: .....

Authorising Doctor: .....

Travel risk assessment performed: Yes/No

Authorisation for Nurse to administer  
vaccinations – signed: .....

Travel vaccination recommended for this trip

Disease Protection	Date	Recommended	Further Information	Day 0	Day 7	Day 21	Day 28
Hepatitis A							
Hepatitis B							
Typhoid							
Cholera							
Tetanus/Diphtheria							
MMR							
Polio							
Meningitis ACWY							
Yellow Fever							
Rabies							
Japanese B encephalitis							
Varicella							
Influenza							
Boostrix							
Pneumococcal							
Other							

Travel Record Card supplied ☐ Yes/No**Travel advice and/or leaflets given as per travel protocol**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Rabies                 | <input type="checkbox"/> Air Travel / DVT                        | <input type="checkbox"/> Cruise Ship travel |
| <input type="checkbox"/> Insect Bite prevention | <input type="checkbox"/> Altitude sickness                       | <input type="checkbox"/> Mental health      |
| <input type="checkbox"/> Sun/heat protection    | <input type="checkbox"/> Antibiotic for TD/anti-diarrhea         | <input type="checkbox"/> General AB         |
| <input type="checkbox"/> Malaria                | <input type="checkbox"/> Travelers diarrhea                      | <input type="checkbox"/> Yellow fever       |
| <input type="checkbox"/> Accidents/safety       | <input type="checkbox"/> Hajj Travel                             | <input type="checkbox"/> STI                |
| <input type="checkbox"/> Hepatitis B, C and HIV | <input type="checkbox"/> Food, water and personal hygiene advise | <input type="checkbox"/> Insurance          |
| <input type="checkbox"/> Other                  |  |   |

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**Malaria prevention advice and malaria chemoprophylaxis**

- |  |                                      |                                     |                                      |
|--|--------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Atovaquone + proguanil (malarone) | <input type="checkbox"/> Chloroquine | <input type="checkbox"/> Mefloquine | <input type="checkbox"/> Doxycycline |
|--|--------------------------------------|-------------------------------------|--------------------------------------|

NB: Each person to be prescribed under their name in MT32