Pre Travel Form

*Please complete a separate form for each person travelling

Name	Surname/Family Name	First/Given Name	
	Pronoun:	Gender:	
Birth Details	Day / Month / Year of Birth		
Address	House number and Street	Suburb	Postcode
Contact Details	Mobile No		
	Email:		
NOK if under 16years	Name:	Relationship:	Mobile No:
Current GP			
Current Medical Centre			

Medications

Medication:		
Please list all medications below including any vitamins and supplements you have taken in the last month		

Allergies:
Do you have any drug allergies/sensitivities?

Medical History

Medical History:	
Do you have any medical conditions – i.e. heart disease, diabetes, asthma, arthritis, cancer, other:	

Travel

Departure Date:		Returning to NZ date:	
Reason for Travel			

☐ Holiday ☐ School / College trip ☐ Sport ☐ Religious (Mecca / Hajj)

☐ Work (urban / office based / conference) ☐ Work (rural / outdoors / local community)

☐ Visiting friends or family ☐ Volunteering ☐ Surgical Tourism

☐ Other (please give details):

Please give as much information about your planned itinerary below:

DATE	COUNTRY	CITY/PROVINCE/TOWN	ACCOMODATION TYPE

Please list any countries (apart from NZ) you will be spending time in transit (ie remain inside the airport for more than 1 hour:

Do You plan on trekking/hiking/travelling to altitude during your trip:

☐ NO ☐ YES

Details:	

Malaria Medication (if required please tick your preference)

☐ Doxycycline ☐ Malarone Link for more information

Do you have any particular concerns or topics you would like to discuss at your appointment:

Please attach a copy of all/any immunisation records you hold and /or complete below:		
IMMUNISATION	**YES/NO**	**DETAILS/DATES**
Tetanus / Diphtheria	☐ YES ☐ NO	
Pertussis (Whooping Cough)	☐ YES ☐ NO	
Hepatitis A (1st dose)	☐ YES ☐ NO	
Hepatitis A (2nd dose)	☐ YES ☐ NO	
Typhoid	☐ YES ☐ NO	
Hepatitis B (1st dose)	☐ YES ☐ NO	
Hepatitis B (2nd dose)	☐ YES ☐ NO	
Hepatitis B (3rd Dose)	☐ YES ☐ NO	
Hepatitis B (booster dose)	☐ YES ☐ NO	
Measles / Mumps / Rubella (1st dose)	☐ YES ☐ NO	
Measles / Mumps / Rubella (2nd dose)	☐ YES ☐ NO	
Influenza	☐ YES ☐ NO	
Yellow Fever	☐ YES ☐ NO	**Expiry date:**
Do you have a Yellow Fever Passport?	☐ YES ☐ NO	
Rabies (1st dose)	☐ YES ☐ NO	
Rabies (2nd dose)	☐ YES ☐ NO	
Rabies (3rd dose)	☐ YES ☐ NO	
Polio	☐ YES ☐ NO	
Pneumococcal	☐ YES ☐ NO	
Meningococcal / Meningitis	☐ YES ☐ NO	
Japanese Encephalitis (1st dose)	☐ YES ☐ NO	
Japanese Encephalitis (2nd dose)	☐ YES ☐ NO	

Dukoral (1st dose)	☐ **YES** ☐ **NO**	
Dukoral (2nd dose)	☐ **YES** ☐ **NO**	
COVID	☐ **YES** ☐ **NO**	**No of doses:**
Other		
Have you had any other immunisations/vaccinations in the past 4 weeks		
☐ NO ☐ YES		

Terms and Conditions (please tick the boxes below)

☐ **I understand that any information provided by me will be confidential in terms of the Health Information Privacy Act**

☐ **I understand that payment is required on the day of consultation**

☐ **I am aware of the potential costs for this service – please check this link**

Please complete this form and either print and return to Mana Medical Centre or email to travel@manamedical.co.nz

Useful travel links:

www.travelhealthpro.org.uk

www.fitfortravel.nhs.uk

www.safetravel.govt.nz