



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 (1 st dose)	☐ YES ☐ NO	
Hepatitis A (2 nd dose)	☐ YES ☐ NO	
Typhoid	☐ YES ☐ NO	
Hepatitis B (1 st dose)	☐ YES ☐ NO	
Hepatitis B (2 nd dose)	☐ YES ☐ NO	
Hepatitis B (3 rd Dose)	☐ YES ☐ NO	
Hepatitis B (booster dose)	☐ YES ☐ NO	
Measles / Mumps / Rubella (1 st dose)	☐ YES ☐ NO	
Measles / Mumps / Rubella (2 nd dose)	☐ YES ☐ NO	
Influenza	☐ YES ☐ NO	
Yellow Fever	☐ YES ☐ NO	Expiry date:
Do you have a Yellow Fever Passport?	☐ YES ☐ NO	
Rabies (1 st dose)	☐ YES ☐ NO	
Rabies (2 nd dose)	☐ YES ☐ NO	
Rabies (3 rd dose)	☐ YES ☐ NO	
Polio	☐ YES ☐ NO	
Pneumococcal	☐ YES ☐ NO	
Meningococcal / Meningitis	☐ YES ☐ NO	
Japanese Encephalitis (1 st dose)	☐ YES ☐ NO	
Japanese Encephalitis (2 nd dose)	☐ YES ☐ NO	

Dukoral (1 st dose)	☐ YES ☐ NO	
Dukoral (2 nd 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