

Otumoetai Doctors
"Pre-Travel Medical Consultation Questionnaire"

File Number:

Date:

PATIENT DETAILS

Name: _____ **Date of Birth:** _____ **Age:** _____

Gender: _____ **NHI:** _____ **Height:** _____ **Weight:** _____

Address: _____

Email Address: _____ **Contact Phone Number:** _____

Emergency Contact/Next of Kin: _____ **Relationship:** _____

Contact Phone Number: _____

Do you have travel insurance? YES / NO

Have you had a deep vein thrombosis previously? YES / NO

Doctors Name and Contact Phone Number: _____

Immunisation History:

- Tetanus/Diphtheria Date:
- Whooping Cough Date:
- Hepatitis B Date:
- Hepatitis A Date:
- Typhoid Date:
- Rabies Date:
- Yellow Fever Date:
- Meningitis Date:
- Polio Date:
- Influenza Date:

Are you on any medications?: _____

Do you have any allergies?

Are you allergic to eggs or chicken?

Have you had any adverse reactions to immunisations?

Do you have any pre-existing medical conditions? For example: diabetes, epilepsy, asthma, obesity, hearing or vision impediments, migraines.

Have you been in contact with or contracted an infectious disease in the last year?

Have you had any surgical operations?

Females: Are you on the contraceptive pill? YES / NO Details of type and strength:

What is your blood group?

Have you had your thymus gland removed?

TRAVEL DETAILS

Exact itinerary in sequential order:

Duration of travel:

Departure date:

Return date:

Purpose of Travel: (circle appropriate answer)

*leisure

*business

*visiting friends/relatives

*Volunteer

*Research/
Education

Type of travel/transportation

Planned activities

Accommodation details

TRAVEL CHECKLIST - (Travel Nurse to complete)

Air travel / fit to fly	Yes / No
Vaccine preventable diseases relevant to area of travel	Yes / No
Food and water-borne safety advice	Yes / No
Medications for travellers' diarrhea and gastrointestinal bugs	Yes / No
Mosquito avoidance and prevention	Yes / No
Malarial advice	Yes / No
Infectious diseases advice	Yes / No
Sexual health	Yes / No
Activity advice ie for trekking, altitude, diving, volunteering, driving, biking	Yes / No
Safety and security	Yes / No
Management of medical conditions whilst away from home	Yes / No
Medical kit/first aid kit	Yes / No
Post travel check up	Yes / No

DECLARATION

I agree that the above information is true and accurate to the best of my knowledge. Yes / No

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
