

The Terrace Medical Centre  
Pre-Travel Questionnaire

**Please note: If you're travelling to South America or Central Africa you may need yellow fever vaccinations. The Terrace Medical Centre doesn't offer yellow fever vaccinations. Please contact a yellow fever centre:** you can find a list of currently authorised yellow fever vaccination centres on Te Whatu Ora Health New Zealand's website.

Name:		Date of birth:
GP/Nurse Practitioner name:		
Destination/s: (Please be as specific as possible)	Duration of stay	

When do you leave?		
Reason for travel?	<input type="checkbox"/> Holiday <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Other - Please specify:	<input type="checkbox"/> Business <input type="checkbox"/> Surgery
What type of accommodation have you arranged?	<input type="checkbox"/> Backpackers <input type="checkbox"/> Hotel <input type="checkbox"/> Other – Please specify:	<input type="checkbox"/> Camping <input type="checkbox"/> Bed and Breakfast
What type of activities will you be doing?	<input type="checkbox"/> Camping <input type="checkbox"/> Safari <input type="checkbox"/> Scuba diving <input type="checkbox"/> Other – Please specify:	<input type="checkbox"/> Tramping/trekking <input type="checkbox"/> Mountain climbing <input type="checkbox"/> High altitude activities
Do you have Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, is there an evacuation clause?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Does it cover accidents overseas?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Have you ever had an allergy to medication?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	Name of medication/s:	
Type of reaction:		
<b>Other allergies?</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	Name of substance (e.g. bee stings)	
Type of reaction:		

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Have you travelled elsewhere recently? If Yes, please specify:	
Are you taking any medications or supplements with you on your trip? If Yes, please list them:	
Are any of your medications injections? If Yes, please specify:	
Where did you live as a child, and were you fully vaccinated with childhood immunisations?	
Have you had any of the following vaccinations:	
Name of vaccine	Date/s
Tetanus/Diphtheria/Pertussis	
Hepatitis A	
Hepatitis B	
Influenza	
Typhoid	
Measles/Mumps/Rubella	
Polio	
Rabies	
Yellow fever	
Other: e.g. Meningococcal Pneumococcal Japanese encephalitis etc.	
Have you had any vaccinations within the last 4 weeks? If Yes, please specify:	
Are you pregnant or planning a pregnancy in the next 3 months? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Are you breast feeding? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Are you taking an oral contraceptive? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	

**Please return this completed questionnaire to us at least two days before your travel appointment.**

Your GP or Nurse Practitioner appointment will incur the standard appointment fee. If you decide to proceed with any recommended vaccinations then you will also need to pay for each individual vaccine plus a nurse injection fee for each practice nurse appointment.

If you have any vaccination records (e.g. an international vaccination certificate) please bring these to your appointment.

If you are travelling with children, please complete a separate form for each child.