**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 the Ministry of Health website.

|  |  |
| --- | --- |
| Name: | Date of birth: |
| GP Name: | |

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

|  |  |
| --- | --- |
| 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. |  |
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|  |
| 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? |  | | Are you breast feeding? |  | | Are you taking an oral contraceptive? |  | | |

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

Costs include a normal GP fee plus cost of each vaccine plus nurse fees for administering vaccines.

If you have any vaccination records (e.g. International vaccination certificate) please bring with you.

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