! IMPORTANT: PLEASE READ BEFORE COMPLETING THIS FORM !

- You need to book a separate GP or Nurse Practitioner (NP) appointment **AND** a separate practice nurse appointment for **each individual travelling** (including children and infants). The GP/NP appointment is to discuss your travel plans and get any relevant vaccines prescribed; the practice nurse appointment is to get your travel vaccines administered. The GP/NP appointment first is a requirement.
- You need to complete a separate pre-travel questionnaire for **each individual travelling** (including children and infants).
- Some vaccines require **multiple doses** given across **multiple weeks**, meaning you may need more than one practice nurse appointment. Please ask your GP/NP about this.
- It's best to start getting your travel vaccines at least **6 weeks prior to travel** where possible.
- Travel vaccines are **not funded**, meaning you must pay for each individual vaccine. There are also standard costs for GP/NP and practice nurse appointments.
- We are not able to provide **yellow fever** vaccinations. A list of yellow fever vaccination centres can be found on the Ministry of Health website.
- Please return this completed questionnaire to reception@ttmc.co.nz at least **1 week before** your GP/NP appointment.

Name:	Date of birth:

Destination/s: (please be as specific as possible)	**Duration of stay**

When do you leave?	
Reason for travel? (tick all that apply)	☐ Holiday ☐ Business ☐ Visiting friends/family ☐ Surgery ☐ Other – please specify:
What type of accommodation have you arranged? (tick all that apply)	☐ Backpackers ☐ Camping ☐ Hotel ☐ Bed & Breakfast ☐ Other – please specify:
What type of activities will you be doing? (tick all that apply)	☐ Camping ☐ Tramping/trekking ☐ Safari ☐ Mountain climbing ☐ Scuba diving ☐ High altitude activities ☐ Other – please specify:

Do you have insurance? ☐ No ☐ Yes → Does it cover accidents overseas? ☐ No ☐ Yes Does it have an evacuation clause? ☐ No ☐ Yes

Have you ever had an allergic reaction to medication? No ☐ Yes ☐	Name of medication/s:
Type of reaction:	
Do you have any other allergies? No ☐ Yes ☐	Name of substance (e.g. bee stings)
Type of reaction:	

Have you travelled overseas recently? If yes, please specify where and when:
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:
Which country/countries did you spend your childhood in?
To your knowledge, were you fully vaccinated with childhood immunisations?
Have you had any vaccinations within the last 4 weeks? If yes, please specify:

	Please tick the relevant boxes below:		
	Yes	**No**	**Not applicable**
Are you pregnant or planning a pregnancy within the next 3 months?			
Will you be breast feeding during your travel?			
Are you taking oral contraceptives?			