



Pre Travel Questionnaire

Please complete a separate questionnaire for every person travelling including any children. Return to Newlands Medical Centre Ltd **6 weeks** prior to intended travel

Name:

Address:

Date of Birth:

Age:

Height:

Weight:

Travelling with:

Alone

Family/Friends

Organised Tour, eg
cruise

Reason for travel (Please tick any that apply)

Holiday/Pleasure Business/Work Visiting Family/Friends

Adventure Travel Sport Study/School Trip

Medical Tourism Missionary/Aid Work

Other (please Specify)

Please update any current medications (including any herbal, over the counter, self-prescribed)

Please update any ALLERGIES/REACTIONS (ie; to any medication, antibiotics, previous immunisations, nuts, eggs, sulphur drugs etc.)

Females Only

Are you pregnant: Yes / No

Number of weeks pregnant
(at time of travel)

Are you breastfeeding? Yes / No

Are you planning pregnancy (next 3 months)?

Yes / No

Current Contraception:

Please provide any details of previous travel immunisations eg name of vaccine and date given:-

--

Please note: We may have these on record

Date departing from New Zealand:

Date arriving back in New Zealand:

Detailed Itinerary - please complete with as much detail as possible
(or attach a copy of your detailed travel itinerary). 1 copy per traveller

For any child/ren – those travelling with family- there is no need to complete this section unless there is independent travel involved.

Destination/Region	Number of Days (overnight/ 1 week)	Accommodation Type (rural / resort/ family)	Activities Planned (family event/ skiing / high altitude / diving / trekking etc)

Once your GP has reviewed your completed questionnaire a nurse will contact you. You should expect to hear from us within 10 days.

We hope you have a safe journey and an enjoyable trip.