

TRAVEL IMMUNISATION QUESTIONNAIRE

Name: _____

Date of Birth: _____

NHI: _____

- Please complete this questionnaire (one for each traveller) and return to the Cambridge Medical Centre via fax (07 827 7064), drop-off or e-mail to : info@cambmedcentre.co.nz
- You may be asked to go for a blood test
- Don't delay sending us the questionnaire because some immunisations need to start weeks before you depart and immunity may not be effective until 2 weeks after administering
- Once we have received your questionnaire the GP will assess it to determine what vaccines you require
- A practice nurse will then contact you to arrange an appointment with the GP and nurse (GP visit \$70 excl vaccination costs)
- You will be told what immunisations may be required and the cost, and also if the immunisations need to be ordered in.

Tick the box(es) which best describe your visit

Country	Regions	Arrive	Depart	Tick the box(es) which best describe your visit				
				Major cities only	Resorts, good hotels	Short trips to rural areas	Backpackers	Trekking, Relief worker

Destination countries

Continue overleaf if necessary.

Previous immunisations

Have you had any of the following immunisations? If possible, give dates.

	Y/N	Date
Tetanus		
Polio		
Hepatitis A		
Hepatitis B		
Typhoid		
Meningococcus		

	Y/N	Date
Cholera		
Yellow fever		
Meningococcus		
Japanese encephalitis		
Rabies		

Other information

Y/N

Are you pregnant?	
Will you be travelling to high altitude (more than 2500m), other than in a pressurised aircraft?	
Will you be Scuba diving whilst away?	
Are you allergic to eggs?	

Y/N

Are you taking the contraceptive pill or HRT?	
Have you or any close relative had deep vein thrombosis?	
Have you had any recent surgery, serious illness or major injury?	
What is your daytime phone number?	