# **Travel Health Questionnaire**



Before you head off on your exciting adventure please complete this travel health questionnaire and return it to the medical centre. Then we can book your travel health appointment. Complete all sections so that we can ensure we are able to provide you with the best medical advice for your trip.

# ABOUT YOU

Name		Family Name		
DOB	Ger	nder	Age	
Nationality/Ethnicity	Country	of Birth	Occupation	
Address			Mobile	

## ABOUT YOUR HEALTH:

How would you describe your fitness for your age? (Tick one)	Below average	
	Average	
	Above average	

# DO YOU SUFFER FROM / HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING? (Tick applicable)

	Yes	No
Abnormal blood clotting/bleeding		
Heart Disease		
Asthma		
Diabetes		
Epilepsy/Seizures		
Hepatitis		
Depression/severe anxiety		
Cancer		
Recent surgery (within past 3 months)		
Any other serious medical conditions (Please detail below)		
Details:		
Females only:		

Are you pregnant or breast-feeding? (Please detail below)	
Are you taking the Oral Contraceptive Pill?	
Details:	

Current medications	
Allergies	

#### PREVIOUS IMMUNISATIONS:

	Y/N	Approx Date		Y/N	Approx Date
Routine childhood imms			Cholera		
Tetanus			Yellow Fever		
Polio			Meningitis		
Hepatitis A			Japanese Encephalitis		
Hepatitis B			Rabies		
Typhoid					

Any Previous reactions to immunisations?	Yes	No
Egg allergy?	Yes	No

## ABOUT YOUR TRAVEL

#### PURPOSE (tick as many as applicable):

Vacation	Visiting relatives	
Business	Other (explain below)	
Details:		

## DESTINATIONS / ITERNARY (Please complete below, or attach copy of itinerary):

Country	Cities/Regions	Date arrive	Date Depart

### STAYING AT (tick applicable):

Resorts / 4-5 star hotels	Private homes	
2-3 star hotels	Camping	
Backpackers	Airbnb	

WILL YOUR TRIP INVOLVE ANY OF THE FOLLOWING (tick applicable):

Staying at high altitude (>2500m)	Scuba diving
Staying in remote/rural areas	Jungle exposure
Day trips to remote/rural areas	Contact with animals
Trekking	Caving

#### TRAVELLING WITH:

Partner	Sports team
Family	Organised group tour
Friends	Self/solo trip
Other	

#### MODES OF TRANSPORT (tick applicable):

Flying	Cycling	
Train	Motorcycle	
Bus	Small boat	
Private car	Cruise	

# Have you arranged Travel Insurance - extent of cover?

Cambridge Medical Centre 48 Alpha Street, Cambridge

## e-mail : info@cambmedcentre.co.nz