

Kendal Medical Centre  
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 66 Kendal Avenue, Burnside

## Travel clinic – Patient pre-travel questionnaire

Without details of your planned trip we cannot give medical advice. Please complete this form and return either in person or email to: [admin@kendalmedical.co.nz](mailto:admin@kendalmedical.co.nz) The doctor will review your travel plans and make an assessment of your travel medicine needs. You will then need an appointment with a doctor to discuss and plan any vaccinations or medications appropriate for your travel plans. Sometimes this appointment will be able to occur by brief phone call as much of the work will have already been done on receipt of this form. Please be aware that travel medicine consultations are not a government subsidised service and that a non-subsidised GP consultation fee of \$100 including GST applies for this appointment and that this charge is separate to that for any vaccinations.\*  
 \*Children travelling on the same itinerary will incur a \$60 consult fee.

### Patient details:

Name:	First name:
DOB:	Phone number:
Address:	Email:
	Occupation:

### Intended travel:

Date of departure: \_\_/\_\_/\_\_    Date of return: \_\_/\_\_/\_\_    Duration of trip:.....

### Destination countries:

Country	Length of stay	Urban/rural/remote/altitude

*Please attach a complete itinerary for each destination you are intending to visit*

**Are you travelling:**     Alone     Group     Family/friends

### Travel Purpose:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="radio"/> Holiday                         | <input type="radio"/> Business                      | <input type="radio"/> Study/teacher  |
| <input type="radio"/> Field work/missionary/voluntary | <input type="radio"/> Adventure (safari/expedition) | <input type="radio"/> Sporting event |
| <input type="radio"/> Medical/dental treatment        | <input type="radio"/> Cruise ship                   | <input type="radio"/> Guided tour    |
| <input type="radio"/> Other .....                     |   |                                      |

**High risk activities** (eg SCUBA diving, other water sports, skiing, altitude above 2500)    Yes / No  
 If Yes, please advise .....

**Accommodation:**

- Hotel/ resort                       Staying with friends/family                       Private/rented home (eg AirBnB)
- Safari/camp                               Youth hostel/backpackers                       Other.....

**Will you more than incidental contact with animals during your trip?**                      Yes/No

Eg Volunteer at animal shelter, veterinary work, working on a farm or similar

If yes please detail .....

**Have you taken out travel insurance?**                      Yes/No

**If you have any medical conditions have you informed them of this?**                      Yes/No

**Are you pregnant or likely to be pregnant or breast feeding when travelling?**                      Yes/No

Have you recently undergone chemotherapy, radiotherapy or steroid treatment?                      Yes/No

In the last 6 weeks have you had any illness or injury requiring medical attention?                      Yes/No

If yes, please advise .....

**Medications:**

Please list any regular medications not prescribed by our medical centre (including contraception), supplements and recreational drugs

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Do you have any allergies or had any reactions to medications or vaccinations?                      Yes / No

If yes, please list.....

**Vaccination history:**

Are you up to date with routine childhood vaccinations?                      Yes / No

Travel vaccinations – if you have had any of the following vaccinations or medications please provide date administered?

Hepatitis A	--/--/--	Typhoid	--/--/--	Whooping cough	--/--/--
Hepatitis B	--/--/--	Polio	--/--/--	Tetanus/diphtheria	--/--/--
Influenza	--/--/--	MMR	--/--/--	Meningitis B	--/--/--
Cholera	--/--/--	BCG (TB)	--/--/--	Meningitis ACWY	--/--/--
Rabies	--/--/--	Malaria	--/--/--	Yellow Fever	--/--/--
Chickenpox	--/--/--	Jap B Enceph	--/--/--	Other.....	--/--/--

Are there any specific issues you wish to have covered in your appointment (eg vaccinations, avoiding altitude sickness, minimising jet lag etc)?

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I acknowledge that the information given above is truthful and I accept that the advice and vaccination recommendations I will receive will be influenced by the answers I have provided:

Patient.....Signature..... Date \_\_/\_\_/\_\_