

If you are not a UHHC Patient, you will also need to complete our Casual Patient form

Pre-Travel Checklist

Thanks for completing this form. This is a checklist to help your doctor give you the right travel advice for your trip.

Date ____/____/____

Surname: _____ First Name: _____

Date of Birth: ____/____/____

Are you up to date with all your childhood vaccinations? (please tick) ☐ Yes ☐ No ☐ Not sure

PREVIOUS HISTORY

Please tick any previous vaccinations and note dates you received them (as best as you can)

<input type="checkbox"/>	Cholera/Traveller's Diarrhoea _____
<input type="checkbox"/>	COVID-19 _____
<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	HVP (human papillomavirus) _____
<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	Japanese Encephalitis _____
<input type="checkbox"/>	MMR (Measles, Mumps and Rubella) _____
<input type="checkbox"/>	Meningitis _____
<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	Pneumococcal _____
<input type="checkbox"/>	Rabies _____
<input type="checkbox"/>	Typhoid _____
<input type="checkbox"/>	Tetanus/Diphtheria _____
<input type="checkbox"/>	Tetanus/Diphtheria/Pertussis _____
<input type="checkbox"/>	Yellow Fever _____
<input type="checkbox"/>	Other _____

Do you have any allergies?

Do you have any other health concerns regarding this trip?

TRAVEL ITINERARY

What is the reason for your travel?
(you can tick more than one reason)

<input type="checkbox"/>	Holiday	<input type="checkbox"/>	Missionary Work
<input type="checkbox"/>	Work	<input type="checkbox"/>	Medical Tourism
<input type="checkbox"/>	Sport	<input type="checkbox"/>	Pilgrimage
<input type="checkbox"/>	Visiting Family & Friends	<input type="checkbox"/>	Study
<input type="checkbox"/>	Other		

What is your departure date from NZ?

____/____/____

When are you returning to NZ?

____/____/____

What activities are you planning to do on your trip? (eg. Scuba diving, hiking etc.....)

AFTER YOUR TRIP

On your return, if you are feeling unwell (eg. fever, skin rash, animal bites or infections), see you doctor as soon as Possible.



TRAVEL ITINERARY CONTINUED

What countries are you going to and where will you be staying?

	Destination	Type of accommodation eg hostel, relative	Is this mainly rural/urban?	Dates you will be there	Length of stay
1					
2					
3					
4					
5					
6					

Lastly, please tick any information you would like to discuss with your doctor

<input type="checkbox"/>	Bite & Sting avoidance	<input type="checkbox"/>	Adventure travel (high altitude, extreme
<input type="checkbox"/>	Mosquitoes and stray animals	<input type="checkbox"/>	sports, water sports etc
<input type="checkbox"/>	Personal safety	<input type="checkbox"/>	Travel Insurance
<input type="checkbox"/>	Malaria prophylaxis	<input type="checkbox"/>	Medical Kits
<input type="checkbox"/>	Food and water safety	<input type="checkbox"/>	Travel websites
<input type="checkbox"/>	Medications for travel certificate	<input type="checkbox"/>	Prevention of deep vein thrombosis, jet lag
<input type="checkbox"/>	Other: _____		