



# Pre-travel Questionnaire



**Waikanae Health**  
Marae Lane  
Waikanae 5036  
New Zealand  
Tel: 04 293 6005  
Fax: 04 293 8005

Please complete this form in full and send to the Travel Team at Waikanae Health at least 2 months before your intended date of travel (e mail [travel@waikanaehealth.co.nz](mailto:travel@waikanaehealth.co.nz) or fax 04 293 8005 or hand in at reception). You should receive acknowledgement of receipt of your form within 3 working days, either by text or phone, and we will aim to prepare your schedule of vaccinations and advice around malaria prevention etc within 1- 2 weeks, depending on urgency. There will be a \$15-\$30 fee (depending on time taken - family groups take longer) for the time involved in doing this.

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: Male / Female

Address: \_\_\_\_\_

Phone numbers Daytime: \_\_\_\_\_ Afterhours: \_\_\_\_\_

Email address: \_\_\_\_\_ My usual Doctor is: \_\_\_\_\_

Travel dates: \_\_\_\_\_ to \_\_\_\_\_

Countries I am visiting: (please be specific about regions/areas of the counties) \_\_\_\_\_

Purpose of trip - business, holiday, guided tour, safari, expedition, volunteering work, visiting friends/relatives:

other: \_\_\_\_\_

Accommodation - hotels/motels, youth hostels/backpackers, camping, staying with friends/relatives: \_\_\_\_\_

Higher-risk activities e.g. SCUBA diving, other water-sports, climbing to altitude above 2500m. Please state: \_\_\_\_\_

Past medical history - serious illness or operations, mental health issues: \_\_\_\_\_

History of deep vein thrombosis or pulmonary embolus: Yes/No

Medications: (Regularly taken - please indicate dose. Standby treatment e.g asthma inhaler) \_\_\_\_\_

Allergies: (Medications, animal fur, pollen/grass, insect bites/stings, foods or anything else) \_\_\_\_\_

Woman - contraception: \_\_\_\_\_ Current or planned pregnancy: Yes/No

Are you travelling for the purpose of seeking medical or dental treatment? Yes/No

Previous vaccination history: (Your doctor may be able to print off a record of this - bring it with you)

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

What travel vaccinations have you had previously and when? \_\_\_\_\_

Charges: Travel Nurse and Travel Doctor consultations and vaccine charges are as per the attached sheet.

Non attendance will incur a half-consultation charge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Vaccination Charges

Allow plenty of time for vaccinations prior to your departure.

Disease	Vaccine	Doses	Price *
Cholera	Cholera Vaccine	2 doses, 1 week apart. 3 weeks prior to travel.	\$60.00 per dose
Hepatitis A	Avaxim	Adult vaccine Junior vaccine Boosters at 6 to 12 months	\$100.00 per dose \$50.00 per dose
Hepatitis A and Typhoid	Hepatyrix / Vivaxim	1 dose. Hep A booster at 6 & 12 months	\$155.00 per dose
Hepatitis B	Hep B	3 – 4 doses required. 1 <sup>st</sup> dose at least 6 weeks prior to departure.	\$40.00 per dose
Poliomyelitis	IPV	1 dose	\$60.00
Japanese Encephalitis	Japanese Encephalitis	2 doses, 28 days apart.	\$250.00 per dose
Malaria	Oral Medication	Travel Doctor consultation required.	
Meningitis	Menactra	1 dose	\$125.00
Pertussis, Tetanus & Diphtheria	Boosterix	1 dose	\$60.00
Rabies	Verorab	3 doses. 1 <sup>st</sup> dose at least 6 weeks prior to departure.	\$140.00 per dose
Seasonal Influenza	Fluarix	1 dose annually.	\$30.00
Tetanus & Diphtheria	ADT	1 dose	No vaccine charge*
Typhoid	Typherix	1 dose every 3 years	\$55.00
Typhoid	Vivotif	3 oral doses administered within a week. To be completed 2 weeks prior to departure. (Not suitable for everyone)	\$40.00 per box of 3 doses.
Yellow Fever	Yellow Fever Vaccine	1 dose, an appointment with our Travel Doctor is required.	\$95.00 plus a Travel Doctors consultation charge.

\* Vaccinations will incur one Nurse consultation fee per person.

25<sup>th</sup> Sept 2018.

Travel Nurse consult \$70-00 per 30 min appointment.    Travel Doctor consult \$80-00 per 15 min appointment.