



Pre-travel Questionnaire

Please complete this form in full and send to the
Travel Team at Waikanae Health prior to your consultation.



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

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 listed on the attached sheet. Failure to attend a booked appointment will incur a half-consultation charge.

Signed: _____ Date: _____

Please send the completed form to the **Travel Team at Waikanae Health** Fax: 04 293 8005
or email: nurse@waikanaehealth.co.nz and we will contact you to make an appointment.

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 st 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 st 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.

25th Sept 2018.

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