

Courtenay Medical Pre- Travel Questionnaire

If you're travelling to South America or Central Africa you may need yellow fever vaccinations. We do not provide Yellow Fever Vaccinations. Please visit our website for further information.

Name:		Date of birth:
GP Name:		
Destination/s: Please be as specific as possible.	Duration of stay	

When do you leave?		
Reason for travel?	<input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Visiting friends/family <input type="checkbox"/> Surgery <input type="checkbox"/> Other - Please specify:	
What type of accommodation have you arranged?	<input type="checkbox"/> Backpackers <input type="checkbox"/> Camping <input type="checkbox"/> Hotel <input type="checkbox"/> Bed and Breakfast <input type="checkbox"/> Other – Please specify:	
What type of activities will you be doing?	<input type="checkbox"/> Camping <input type="checkbox"/> Tramping/trekking <input type="checkbox"/> Safari <input type="checkbox"/> Mountain climbing <input type="checkbox"/> Scuba diving <input type="checkbox"/> High altitude activities <input type="checkbox"/> Other – Please specify:	
Do you have Insurance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever had an allergy to medication? No <input type="checkbox"/> Yes <input type="checkbox"/>	Name of medication/s:	
Type of reaction:		
Other allergies? No <input type="checkbox"/> Yes <input type="checkbox"/>	Name of substance (e.g. bee stings)	
Type of reaction:		

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Have you travelled elsewhere recently? If Yes, please specify:	
Are you taking any medications or supplements with you on your trip? If Yes, please list them:	
Are any of your medications injections? If Yes, please specify:	
Where did you live as a child, and were you fully vaccinated with childhood immunisations?	
Have you had any of the following vaccinations:	
Name of vaccine	Date/s
Tetanus/Diphtheria/Pertussis	
Hepatitis A	
Hepatitis B	
Influenza	
Typhoid	
Measles/Mumps/Rubella	
Polio	
Rabies	
Yellow fever	
Other: e.g. Meningococcal Pneumococcal Japanese encephalitis etc.	
Have you had any vaccinations within the last 4 weeks? If Yes, please specify:	
Are you pregnant or planning a pregnancy in the next 3 months?	
Are you breast feeding?	
Are you taking an oral contraceptive?	

Please return this completed questionnaire to us at least two days before your travel appointment.
Refer to our website for costs. If you are travelling with children, please complete a separate form for each child.
If you have any vaccination records (e.g. International vaccination certificate) please bring with you.

Deposit fee of \$50 is required to be paid on submission of this form to Courtenay Medical, to enable us to do the prework for your travel Consultation. Reference Travel deposit & include your full name.	Bank account 021269 0028940 00 Please tick here for deposit paid <input type="checkbox"/>
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