

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 you can).

- Cholera/Traveller's Diarrhoea _____
- COVID-19 _____
- Hepatitis A _____
- Hepatitis B _____
- HPV (human papillomavirus) _____
- Influenza _____
- Japanese Encephalitis _____
- MMR (Measles, Mumps and Rubella) _____
- Meningitis _____
- Polio _____
- Pneumococcal _____
- Rabies _____
- Typhoid _____
- Tetanus/Diphtheria _____
- Tetanus/Diphtheria/Pertussis _____
- Yellow Fever _____
- 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)

- Holiday Missionary Work
- Work Medical Tourism
- Sport Pilgrimage
- Visiting Family & Friends Study
- Other

What is your departure date from NZ?
___/___/___

When are you returning to NZ? ___/___/___

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

AFTER YOUR TRIP REMEMBER:

If you are feeling unwell (e.g. fever, skin rash, animal bites or infections) after returning from your trip, see your doctor, nurse or a travel 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"/> Personal safety | <input type="checkbox"/> Adventure travel (high altitude, extreme sports, water sport etc) |
| <input type="checkbox"/> Bite & sting avoidance (mosquitoes and stray animals) | <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"/> Sexually transmitted disease |
| <input type="checkbox"/> Prevention of deep vein thrombosis, jet lag | <input type="checkbox"/> Travel websites |
| <input type="checkbox"/> Women's health issues | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medications for travel certificate | |

HEALTHCARE PROFESSIONAL USE ONLY

Vaccinations recommended for the trip:

- | | |
|---|--|
| <input type="checkbox"/> Combined Hepatitis A & B | <input type="checkbox"/> Meningococcal (ACWY) |
| <input type="checkbox"/> Combined Hepatitis A & Typhoid | <input type="checkbox"/> Meningococcal B |
| <input type="checkbox"/> Cholera/Traveller's Diarrhoea | <input type="checkbox"/> Meningococcal C |
| <input type="checkbox"/> Varicella (Chickenpox) | <input type="checkbox"/> Measles Mumps and Rubella (MMR) |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Malaria |
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis | <input type="checkbox"/> Pneumococcal (PCV 13) |
| <input type="checkbox"/> Diphtheria/Tetanus/Pertussis/Polio | <input type="checkbox"/> Pneumococcal (PPV 23) |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Poliomyelitis |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> HPV | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Japanese Encephalitis | <input type="checkbox"/> Other: _____ |

List of travel vaccines currently available in NZ. Does not include vaccines under Section 29 of the Medicines Act 1981.

This form is provided as a service by CSL Seqirus to travellers and Healthcare Professionals.

CSL Seqirus

Vaccines are Prescription Medicines (apart from the cholera vaccine which is a Prescription Medicine, except when sold in a pharmacy by a registered pharmacist). Charges may apply. Please refer to respective product Data Sheets for complete safety and prescribing information. CSL Seqirus, Auckland. TAPS NP18639. INSIGHT12124 NZ-TRAV-22-0007