



Ngongotaha Travel Form

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Please complete this form and return it to reception at least 7 days prior to your appointment with the travel nurse

Full Name:

Date of Birth:

Address:

Phone number:

Details of Trip

Departure Date:

Return Date:

Countries Visiting:

If more than one country, please state how long you will be in each country:

What type of activities are you likely to be doing on your trip?

Hiking/Climbing/Biking Water Activities(Diving/Fishing/Swimming) Other (please state)

What type of accommodation will you be using?

Hotel/Motel Camping Backpackers Family/Friends Cruise Other (please state)

Location type?

Urban Rural Altitude (over 3000m/10,000ft)

Travel Health Questions

Have you had any travel vaccinations at another health centre? If so what and when?

Have you had malaria tablets previously? If so when?

Have you ever had a DVT/PE (blood clot in leg or lung)?

Are you allergic to anything e.g. medications, foods, bee stings?

Have you ever had a reaction to a vaccination? If so, please provide details

Female Travellers

Are you pregnant or planning to conceive within 3 months of your return?

Are you breast feeding?

Are you on contraception?