

TRAVEL VACCINATION PLANNER

Information for patients

Plan for a safe and healthy trip by getting the right vaccines, medication, and advice for the countries you are visiting. When you have lived in New Zealand for many years, even a visit to family may put you at risk for illness.

It is important to get the best information and that is why we recommend you have an initial consultation with the GP. Some vaccinations require several doses over several months to be effective, so where possible see us 6 months prior to departure if an extensive trip or you are travelling with children. Otherwise, we recommend a minimum of 6 weeks.

Prior to the consultation, complete the Pre-consultation form. This lets us know the countries you plan to visit, the type of travel and any previous vaccinations you have had.

The initial consultation can be either in-person or a phone consultation. It includes an individual health and risk assessment, a vaccine schedule (with vaccine costs) and travel advice.

Fees:

- Please ensure that your Pre-Consultation form is as complete as possible. If your form has missing information that requires a nurse consult you may be charged an additional fee of \$40.
- Discount for each subsequent family member travelling on the same trip is \$10.00.
- Subsequent visits for the vaccines are with a nurse. The cost of the vaccine includes an injection fee.
- Travel vaccinations are not free and must be paid for before the vaccines are ordered.
- Specialised vaccines need to be ordered in and require booking one week in advance.
- A \$25 fee/ person applies to prescriptions for malaria prevention, nausea/vomiting, diarrhoea, painkillers, or standby antibiotics you may need.

Travel medicine is not government subsidised, so children are charged the same fees as adults and there is a fee for blood tests (e.g., Hepatitis A and B, Rabies) when required.

Note: we are unable to vaccinate for Yellow Fever; please book with an authorised health professional for this vaccination at least 2 weeks prior to your departure.

The cost of vaccination is a small percentage of the overall cost of your travel. Vaccination is effective for providing protection against serious and life-threatening illnesses and to safeguard you and your family or companions for an enjoyable trip!

For more info see <https://www.healthnavigator.org.nz/healthy-living/t/travel-health-tips/>

Please complete the forms below and return before your travel appointment.

Travel Health Planner

Name (as in passport) First Name: _____ Last Name: _____
 DOB: _____ NHI (office): _____
 Gender: _____
 Nationality: _____ Phone: _____
 Occupation: _____ Email: _____
 Date: _____

Please complete the attached form so we have the correct information about the countries you are visiting, the duration of travel and the type of travel you are undertaking. Circle or complete all that apply.

Your Trip

COUNTRY	Accommodation E.g., Hotel, Budget, Camping, Cruise ship, Staying with family	Dates	Duration

Your Activities:

ACTIVITY	Select (X or tick)	Comments
Solo traveller		
With partner or friend(s)		

Business trip		
Family with children		Ages of children:
Escorted tour		
Pilgrimage e.g., Hajj		
Trekking		
Safari		
Jungle		
High altitude		
Diving		
Sport		Which?
Bike or Motorbike tour		
Sailing		
Volunteering (charity or humanitarian aid)		
Working overseas (>3 months)		
Journalism, Police etc		

Your Health:

Issue	No	Yes - comments
Any allergies		
Immunocompromised e.g., taking steroids, chemo, immunosuppressants or with active cancer, HIV, bone marrow transplant, Splenectomy etc		
<u>Female only:</u> Pregnant? Breast-feeding? <u>Men or Women:</u>		

Planning to conceive within 3 months of return from travel?		
Personal or strong family history of leg or lung blood clots?		
Diabetes -on insulin or other injectable medication		
Asthma or COPD -need CPAP? -need O2		
Hospital admission in last 3 months?		
Other special medication: Warfarin Sleeping tablets or anti-anxiety pills		

Your Vaccine History:

Did you miss any of your childhood or scheduled vaccines?

Please state which: _____

Have you had your Covid vaccines?

How many doses? _____ Date of last dose: _____

Have you had the Flu vaccine? Date of last dose: _____

Past Travel Vaccines:

Vaccine	Date (primary course)	Date of any Booster	Any side effects?

Please provide a copy of your vaccine card & any yellow fever certificate

DO NOT COPY