## Raglan Medical Pre-Travel Questionnaire and Information Sheet

**We will NOT be able to complete your request if date of departure is less than 6 weeks from the day we receive your completed questionnaire. If this is the case, please seek advice from a specialist travel clinic**

Date *(dd/mm/yy):* \_\_\_/\_\_\_/\_\_\_ Date of Departure*(dd/mm/yy):* \_\_\_/\_\_\_/\_\_\_

Please note, based on the information provided, we may not be able to provide you with the vaccines you need for travel and as a result you will be advised to attend a specialist Travel Clinic.

Please fill in the entire from, your answers will help assess if we are able to provide a travel consult and help define the topics we will discuss, forms not completed will not be processed and may result in unnecessary delays:

**Personal Details:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Origin**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Intended travel:

**Departure date:** \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Return date:** \_\_\_/\_\_\_/\_\_\_\_\_\_\_

**Duration of travel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Countries to be visited** (include regions and cities visited and time in each):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note if any of the countries you intend to visit or airlines you are using require evidence of COVID Vaccination status or a COVID Vaccine Exemption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Your Health:

Please list any medical conditions you have, including any that may occur/recur while you are travelling:

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Please list any medications you are taking (including over the counter, health supplements, contraceptive pill):

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# Your Health (continued):

**Please circle Yes or No for the following options**

Do you have any allergies? Yes/No

Have you been unwell or in hospital in the last 6 weeks? Yes/No

Do you have, or **have you previously had** any of the following medical problems:

High blood pressure Yes/No

Arthritis Yes/No

Digestive problems Yes/No

Stomach problems Yes/No

Eye problems Yes/No

Ear problems Yes/No

Heart problems Yes/No

Epilepsy Yes/No

Diabetes Yes/No

Joint problems Yes/No

Psoriasis Yes/No

Epilepsy or convulsions Yes/No

Cancer Yes/No

Splenectomy Yes/No

Mental illness (i.e., anxiety, depression, schizophrenia)Yes/No

Chest problems (including asthma and tendency to chest infections)Yes/No

Do you have a weakness of the immune system, or HIV? Yes/No

Have you ever had Hepatitis or yellow jaundice? Yes/No

Did you miss any of your usual childhood vaccinations? Yes/No

Are you in contact with anyone with a weakened immune system?

(e.g., people with AIDS, cancer sufferers or people taking steroids?) Yes/No

If you have answered **Yes** to any of the above, can you please provide any relevant information:

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Have you ever travelled to developing countries? Yes/No

If so, did you have any health problems while travelling, and in which countries? Yes/No

If yes, please provide more information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Women with a cervix only**:

Are you pregnant? Yes/No

Are planning to become pregnant within 3 months of your return from travel? Yes/No

Are you breast-feeding? Yes/No

Are you prone to vaginal thrush? Yes/No

Do you use contraception? Yes/No if Yes, which type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of travel:**

**Type of travel**, including types of accommodation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Adventure activities (e.g., climbing, trekking, scuba diving etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other comments you wish to make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you for taking the time to complete this questionnaire, it will be reviewed by one of our GPs and we will contact you within 5 working days as to our decision and the next steps.

Please read the below terms and conditions and sign.

**Terms and Conditions**

* Completion of this form does not guarantee a travel consult will be provided by Raglan Medical.
* We may be unable to progress if we unable to get the vaccines you require or if our GPs decide it is not appropriate for them to complete the travel consult.
* If we are unable to progress your request, you will be advised to seek advice from a specialist Travel Medicine clinic
* Travels consults are charged at $170 for a 30-minute consult
  + Based on the information you have provided there may additional time needed with the doctor; this additional time will be charged at $85/15 minutes
* This charge does not include the cost of any vaccines you require, you will be advised of the total cost of before any bookings are made
  + Any travel vaccines you need are required to be paid for in advance
  + This cost is nonrefundable
* If you’ve had previous travel vaccinations from other practices/travel clinics, please bring your record of these to the consult

Please sign below to confirm that you have read and understood the Term and Conditions.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_