

TRAVELLER CHECKLIST (one to be filled out for each traveller)

Family Name _____

Address _____

Email _____

Destinations List all (provide as much detail as possible)

Country _____ Length time (days/mths) _____

Accommodation (tick all that apply)

Hotels Hostels

Camping Visiting friends/family

Other _____

Type of Trip

Holiday Individual

Business Group tour

Visiting friends/family

Other _____

Previous travel history (and any problems/experiences)

Previous vaccinations (and any problems/experiences)

Date last vaccine and any adverse event

Tetanus _____

Diphtheria _____

Pertussis (whooping cough) _____

Measles _____

Mumps _____

Rubella _____

Polio _____

BCG (Tuberculosis) _____

HIB (Haemophilus) _____

Pneumococcal _____

Varicella (ch. pox) _____

Given Name _____

Date of Birth _____

Phone Number _____

Occupation _____

Departure Date _____

Total length of trip _____

Transport type (tick all that apply)

Air Train

Sea/river Road

Other _____

Activities

Skiing Bushwalking/hiking

Cycling Water sports
(kayak, swimming, diving)

Motorcycling Climbing/altitude

Other _____

Where?

Rural Urban

Allergies (including anaphylaxis to meds, egg, previous vaccines)

Any vaccine in last month? Yes No

Date last vaccine and any adverse event

Meningococcal _____

Hepatitis A _____

Hepatitis B _____

Typhoid _____

Cholera _____

Yellow Fever _____

Influenza _____

Rabies _____

Jap Encephalitis _____

Zoster (shingles) _____

COVID19 (No. inj) _____