

Travel Questionnaire

Date: _____

In order to provide your travel immunizations as safely as possible and to provide you with appropriate travel information, we need to know the following about your health status and your travel plans.

1. Please list any medical problems (including heart, kidney, or liver disease, seizure disorder, asthma, skin problems, ulcers). _____

2. Are you currently under the care of a physician for any medical condition? _____ Yes _____ No

3. Do you have any history of:

3a Seizure disorder, psychosis or depression? _____ Yes _____ No

3b Thymus disorder (myasthenia gravis, thymoma, thymectomy, or DiGeorge syndrome)? _____ Yes _____ No

3c Kidney disease? _____ Yes _____ No

3d Liver disease (G6PD deficiency, hepatitis) _____ Yes _____ No

4. Do you feel ill today? For instance, do you have fever, cough, cold, diarrhea, nausea, or vomiting? _____ Yes
No _____ If yes please specify. _____

5. Please list any medications you are currently taking: _____

6. Please list any allergies you have to medications, food, or environmental allergies. _____

Are you allergic to: A) chicken feathers /eggs? _____ Yes _____ No

B) sulfa drugs? _____ Yes _____ No

C) erythromycin? _____ Yes _____ No

7. Females: Please list the date of your last menstrual period _____

Are you pregnant? _____ Yes _____ No

Are you breast feeding? _____ Yes _____ No

8. Have you traveled out of the country in the past? If so, when and to what countries? _____

9. After this trip, do you plan international travel in the future? If so, when and to what countries? _____

10. For your current travel, please list the countries you will be visiting, in the sequence they will be visited and the length of stay in each country.

Country/Cities	Length of Stay
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

10. What is the date of your departure? _____ Return? _____

11. Living area (include approximate length of stay in each area):

() Urban _____ () Rural _____ () Underdeveloped _____

12. Living styles: () Camping () Hotel () Private Home () Hiking/Trekking

() Working (type of work): _____

13. Immunization history (dates or disease): Tetanus booster _____ Hepatitis A _____ Hepatitis B _____

Polio series _____ Booster _____ Chicken Pox _____ or Varicella Vaccine _____

Measles _____ Mumps _____ Rubella _____ or MMR Vaccine _____ Meningococcal _____ PPD _____

14. Previous International Immunizations and Dates: _____

15. Birthdate _____ Age _____ Height _____ Weight _____

Name: **Print** _____ **Signature** _____