

PRE-TRAVEL QUESTIONNAIRE

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Personal Information

Date

Name: _____

Home Address: _____ Telephone # _____

DOB: _____ Age: _____ Country of birth: _____

Approximate Weight if Under Age 12 _____ How were you referred to our clinic _____

Pharmacy Name and Address _____

We would like to send a copy of your vaccinations to the doctor of your choice. If so desired please provide the name and city of the practice. _____.

Medical information

DO YOU HAVE A HISTORY OF ONE OF THE FOLLOWING?

Liver Disease Yes ___ No ___ Weak immune system Yes ___ No ___

Other chronic medical conditions: _____

Are you pregnant or considering trying to become pregnant while staying abroad? Yes ___ No ___

Have you had a TB skin test? Yes ___ No ___ If yes, date of most recent test _____ Result (circle): + or -

ALLERGIES:

- List food allergies including eggs, chicken etc.
- List severe reactions to bee stings or other insects.
- List drug allergies including Cipro, Levaquin, sulpha, Larium, chloroquine or any other medications.

LIST ANY MEDICATIONS YOU WILL TAKE WHILE TRAVELING (Include non-prescription items):

Previous International Travel Experience

Country _____ Year (s) _____

Country _____ Year (s) _____

Country _____ Year (s) _____

Country _____ Year (s) _____

Country _____ Year (s) _____

Country _____ Year (s) _____

Country _____ Year (s) _____

Country _____ Year (s) _____

Travel Itinerary

List in order of travel:

Country _____ Cities _____

Urban ___ Rural ___ Date of arrival _____ Date of departure _____ Total Days _____

Country _____ Cities _____

Urban ___ Rural ___ Date of arrival _____ Date of departure _____ Total Days _____

Country _____ Cities _____

Urban ___ Rural ___ Date of arrival _____ Date of departure _____ Total Days _____

Country _____ Cities _____

Urban ___ Rural ___ Date of arrival _____ Date of departure _____ Total Days _____

Country _____ Cities _____

Urban ___ Rural ___ Date of arrival _____ Date of departure _____ Total Days _____

PURPOSE OF TRAVEL & ACTIVITIES (check all that apply)

Volunteer agency, college, or company sponsoring trip (name) _____

Business ___ Vacation/sightseeing ___ Missionary ___ Research ___ Teaching ___ Student ___

Fresh water activities ___ Describe: _____ Climbing ___ Diving ___ Hiking ___ Other _____

ACCOMMODATIONS (check all that apply)

Hotel ___ Resort ___ Private home ___ Camp ___ Safari ___ Cruise ___ Other _____

PREVIOUS IMMUNIZATIONS *PLEASE INCLUDE APPROXIMATE DATES*

ROUTINE

_____ Rubella (German measles)

_____ Tetanus/diphtheria

_____ Pneumovax

_____ Influenza A/B

_____ Chicken pox

_____ Hepatitis B (all three injections)

TRAVEL

_____, booster _____ Hepatitis A

_____ Oral Typhoid

_____ Intramuscular Typhoid

_____ Yellow fever

_____ Polio booster

_____ Meningitis

_____ Rabies (all 3 injections)