



Travel Clinic Screening Questionnaire

Name: _____ DOB: _____ Date: _____

Allergy History

Are you allergic or hypersensitive to any of the following? (Check all that apply)

- Eggs
- Yeast
- Bee/Wasps
- Formaldehyde
- Aluminum
- Neomycin
- Gelatin
- Thimeroso/Mercury
- 2-phenoxyethanol

Any other medication allergies, please list:

Have you ever had a bad reaction or side effect from any vaccination? yes no

If yes, please explain:

Medications

Please list all the medications/injections you are currently taking, including over the counter medications and vitamins and minerals:

Medical History

Have you ever fainted from having your blood drawn or from an injection? yes no

Do you live (or work closely) with anyone who has cancer, HIV/AIDS, any other immune disorder? yes no

Do you have cancer, HIV/AIDS, or any other immune disorder? yes no

Have you taken steroids (i.e. Prednisone, Medrol) within the past 6 months? yes no

Have you had any chemotherapy in the past 6 months? yes no

Are you on Coumadin™ or Warfarin? yes no

Have you had or do you currently have any of the following:

- Fever in the past 48 hours
- Cancer
- HIV/AIDS
- Arrhythmia (irregular heartbeat)
- Low platelet count/coagulation disorder
- Heart disease
- Kidney disease
- Hepatitis/liver disease
- Bipolar disease
- Depression/anxiety
- Other psychiatric problems
- Psoriasis
- Eye disease/condition
- G6PD deficiency
- Convulsion/seizures/epilepsy

Other:

WOMEN ONLY

Are you pregnant? yes no Date of last menstrual period _____ post menopause

Are you planning to become pregnant within the next year? yes no n/a

Are you using birth control measures? yes no n/a

Are you breastfeeding? yes no n/a

ITINERARY

Date of departure: _____ Length of stay: _____

Destination(s): (Please list all the countries you will be visiting in the order that you will be visiting them)

CLINIC USE ONLY

- Reviewed Travel Clinic Screening Questionnaire
- Reviewed allergies and adverse reactions
- Travax report run and printed
- Print Malaria/Yellow Fever map if risk patient
- Informed female travelers not to become pregnant for 6 months after leaving malarious area
- Drug-drug interaction run
- Reviewed Travax report with traveler
- Reviewed book and VIS sheets with traveler. Side effects of vaccines and medications reviewed with traveler
- Vaccines administered and documentation completed
- Informed female travelers to not become pregnant for 3 months after a live vaccine
- Malaria Rx given to patient: Malarone™ Lariam™ Doxycycline Alalen™
- High Altitude prophylaxis indicated: Diamox™
- Oral Typhoid vaccine indicated and Rx given
- Traveler's Diarrhea treatment reviewed and Rx given: Cipro™ Bactrim™ Xifaxan™
- Bee/Wasp allergy documented and Rx given: Epipen™
- Those with syringe requirements, note of exemptions given
- Yellow book completed
- Copy of vaccine schedule given to traveler
- Pt understands risk of disease if unvaccinated Pt's initials _____

Signature

Date