

Date:

Please fill out this form and bring it to your Travel Clinic Appointment

Bring all immunization records. (Check with previous health care providers if necessary)

Name:	DOB:	Sex: M / F
Address:		
		Weight:
Phone:	Email: .com	

Immunization History

Vaccine (Childhood)	Date(s) Given (if known – or YES if you have received)	Had Disease
Primary Tetanus/Diphtheria (5 doses)		Y / N
Primary Hepatitis B (3 doses)		Y / N
Primary Hepatitis A (2 doses)		Y / N
MMR (2 doses)		Y / N
Varicella (2 doses)		Y / N
Inactivated Polio (4 doses)		Y / N
Vaccine (Adult)	Date(s) Given	Had Disease
Tdap Booster / Tetanus (Td)		Y / N
Hepatitis B (3 doses)		Y / N
Hepatitis A (2 doses)		Y / N
Influenza		Y / N
Inactivated Polio		Y / N
Typhoid (oral / IM)		Y / N
Rabies		Y / N
Japanese Encephalitis		Y / N
Yellow Fever		Y / N
Meningococcal		Y / N
Pneumococcal		Y / N

Medical History

List all medical conditions that you may have:

List all medications you are currently taking, prescription or over the counter:

Do you have any medication/food allergies (including egg, thimerosal, sulfa, neomycin, streptomycin, bee stings):

Are you pregnant, suspect you may be pregnant, or trying to become pregnant? *Yes / No*

If pregnant, how many weeks?

Are you breastfeeding? Yes / No

Travel Plans

Date of Departure:	Length of Trip:
List the countries you will travel to, in order of travel, and length of stay in each country:	
Purpose of trip: <i>Pleasure / Business / Medical Work / Other:</i> _____	
Areas of travel: <i>Urban / Rural / Both</i>	
Describe your accommodations: (circle all that apply) <i>Hotel / House / Camping</i>	
What will be your modes of transport: (circle all that apply) <i>Air / Boat / Train / Car / Bike / Hike</i>	
How many people are traveling:	

Screening – The following questions will help us determine which vaccines you may be given. If you answer “yes” to any questions, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it

Immunizations	Yes	No	Potential Problem
Have you ever fainted from having your blood drawn or from an injection?			
Have you ever had a fever reaction to vaccination?			<i>any vaccine, especially those containing tetanus-diphtheria</i>
Have you ever had a bad reaction/side effect from any vaccination?			
Have you ever had hepatitis A or B vaccine?			
Do you live (or work closely) with anyone who has AIDS, an AIDS-like condition, any other immune disorder, or who is on chemotherapy for cancer?			<i>varicella, smallpox, FluMist, MMRV, Zostavax</i>
Do you have a family history of immunodeficiency?			<i>varicella, smallpox, MMRV, Zostavax</i>
Have you received any injection of immune globulin or any blood product during the past 12 months?			<i>varicella, measles-containing vaccine, smallpox, MMRV, Zostavax</i>
General Medical	Yes	No	Potential Problem
Do you have a medical condition that warrants maintenance medications or physician follow-up?			
Do you have a medical condition that is stable now, but that may recur while traveling?			
Do you have asplenia?			
Have you had an acute illness or a fever in the past 48 hours?			
Are you pregnant or might you become pregnant on this trip?			<i>MMR, oral typhoid, smallpox, varicella, MMRV, yellow fever, FluMist, HPV, Zostavax, adenovirus, BCG, JE, doxycycline and other antibiotics. For other vaccines weigh theoretical risk of vaccination against risk of disease.</i>
Are you breastfeeding?			<i>smallpox, yellow fever, adenovirus</i>
Do you have HIV, AIDS, an AIDS-like condition, immune deficiency or other immune disorder, leukemia, or cancer, or are you taking immunomodulatory drugs, or are you post-transplant?			<i>MMR, oral typhoid, smallpox, rabies, varicella, yellow fever, luMist, MMRV, Zostavax, rotavirus, adenovirus</i>
Do you have severe combined immunodeficiency disease?			<i>Rotavirus</i>
Do you have a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma?			<i>yellow fever</i>
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?			<i>any intramuscular injection</i>

Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?			<i>mefloquine, DTaP, Tdap, MMRV</i>
Do you have any stomach conditions?			<i>oral typhoid, mefloquine, doxycycline, Malarone, chloroquine, rotavirus</i>
Do you have a G6PD deficiency?			<i>chloroquine, primaquine</i>
Do you have severe renal impairment?			<i>Malarone</i>
Do you have a bowel condition such as diarrhea or constipation?			<i>rotavirus</i>
Do you have congenital malformation of the GI tract or chronic GI disorder?			<i>rotavirus</i>
Have you ever had hepatitis or yellow jaundice?			
Do you have a history of psychiatric problems?			<i>mefloquine</i>
Do you have a problem with strange dreams and/or nightmares?			<i>mefloquine</i>
Do you have insomnia?			<i>mefloquine</i>
Do you have problems with vaginitis?			<i>any antibiotic</i>
Do you have psoriasis?			<i>chloroquine or related compounds</i>
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?			<i>smallpox</i>
Do you have cardiac disease, with or without symptoms?			<i>smallpox, FluMist</i>
Do you have any eye conditions?			
Are you prone to motion sickness?			
Do you have asthma or wheezing?			<i>FluMist</i>
Do you have multiple sclerosis?			<i>yellow fever</i>
Medications	Yes	No	Potential Problem
Are you taking or will you be taking:			
quinine, quinidine, or medications for a cardiac conduction defect?			<i>mefloquine</i>
chloroquine, mefloquine, or proguanil to prevent malaria?			
proguanil to prevent malaria?			<i>oral typhoid</i>
steroids, prednisone, or anti-cancer drugs?			<i>MMR, oral typhoid, varicella, yellow fever, FluMist, MMRV, Zostavax</i>
antibiotics or sulfonamides?			<i>oral typhoid</i>
ketoconazole?			<i>mefloquine</i>
Pepto-Bismol® to prevent traveler's diarrhea?			<i>doxycycline, tetracycline</i>
antacids?			<i>doxycycline, tetracycline</i>
oral contraceptives?			<i>doxycycline, tetracycline</i>
aspirin therapy? (children & adolescents)			<i>varicella, FluMist</i>
medications for emotional problems?			<i>mefloquine</i>
medication for convulsions?			<i>mefloquine</i>
Allergies	Yes	No	Potential Problem
Are you allergic or hypersensitive to:			
<i>any medications?</i>			
amphotericin B?			<i>RabAvert</i>
penicillin or sulfa?			<i>Diamox, Fansidar, penicillin, sulfa</i>
mercury or thimerosal?			<i>See Table THIM-1 (U.S.) or Table THIM-2 (Canada).</i>
streptomycin?			<i>IPV</i>
gentamicin?			<i>FluMist, Fluarix</i>
Neomycin?			<i>Havrix, HepA/B, influenza (Afluria, Fluviron, Agriflu), IPV, MMR, rabies, varicella, Zostavax, MMRV, Pediarix, smallpox (ACAM2000), Kinrix, Pentacel</i>

polymyxin?		<i>influenza (Fluvirin, Afluria), IPV, Pediarix, smallpox (ACAM2000), Kinrix, Pentacel</i>
kanamycin?		<i>Agriflu</i>
sulfites?		<i>doxycycline</i>
sodium metabisulfite?		<i>Ixiaro</i>
protamine sulfate?		<i>Ixiaro</i>
aluminum or aluminum hydroxide?		<i>anthrax, HepA, HepB, HepA/B, Comvax, DTaP, Td, rabies (RVA), PCV, Tdap, TBE, HPV, Kinrix, Pentacel, Ixiaro, Pediarix, HPV, DT, PedvaxHib</i>
benzethonium chloride?		<i>anthrax</i>
2-phenoxyethanol?		<i>Havrix, HepA/B, IPV, DTaP (Infanrix, Daptacel), Pediarix, Td, Pentacel, Adacel</i>
Yeast?		<i>HepB, HepA/B, Pediarix, Comvax, PedvaxHib, PCV, oral typhoid, Gardasil, Menveo</i>
eggs, egg protein, ovalbumin, or chicken protein?		<i>influenza, RabAvert, yellow fever, MMR, MMRV, TBE</i>
chlortetracycline?		<i>RabAvert</i>
latex?		<i>Consult package insert.</i>
gelatin?		<i>varicella, MMR, yellow fever, RabAvert, Fluzone, oral typhoid, MMRV, Zostavax</i>
soy?		<i>PCV, Comvax, Recombivax</i>
lactose?		<i>Menomune, oral typhoid, Hiberix, BCG</i>
bovine/calf/fetal serum albumin, protein, or extract?		<i>Ixiaro, Infanrix, Kinrix, Pediarix, Pentacel, DT (sanofi), Vaqta, IPV, MMR, MMRV, PPSV, RabAvert, RotaTeq, Td (Decavac), Boostrix, oral typhoid, varicella, Zostavax</i>
formaldehyde or formalin?		<i>Ixiaro, BioThrax, DTaP, Hiberix, ACTHib, Comvax, DT, Pentacel, Pediarix, Kinrix, HepA, Recombivax, HepA/B, influenza (Agriflu, Fluarix, Flulaval, Fluzone), IPV, MCV4, Td, Tdap, MenHibrix</i>

* NOTE: A "problem" listed above may be a contraindication, a precaution, or merely an issue that warrants further discussion between the health care provider and patient to discuss risks/benefits of vaccination with that particular vaccine. The above "problem" list presents some common issues that arise in a pre-travel consultation but is NOT all-inclusive. Likewise, the list of allergies, hypersensitivities, and vaccine excipients is not comprehensive; providers should always check package inserts carefully. See CDC's *Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book)* and Appendix B for a complete list of vaccine excipients.

** Adapted from Shoreland, Inc.

I authorize that the above information is correct to the best of my knowledge.

X	Date:
Signer's relationship to patient:	