

Demographics

Patient Name: _____ Date of Birth: _____

Gender: _____ Personal Health Number: _____

Past Medical History
Underlying Medical Conditions:
Medications:

Pertinent Medical Conditions (Check all that apply)
<input type="checkbox"/> Pregnant (How many weeks: ____)
<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Disability or handicap:
<input type="checkbox"/> Immunocompromising conditions or medications:
<input type="checkbox"/> Psychiatric condition:
<input type="checkbox"/> Seizure disorder:
<input type="checkbox"/> Recent surgery:
<input type="checkbox"/> Recent cardiopulmonary event:
<input type="checkbox"/> Recent cerebrovascular event:
<input type="checkbox"/> History of Guillain-Barré syndrome
<input type="checkbox"/> Allergies:

Immunization History	
<input type="checkbox"/> Current on all childhood immunizations	
◆ OR	
<input type="checkbox"/> Haemophilus influenzae type b (2m, 4m, 6m, 18m)	<input type="checkbox"/> Hepatitis B (2m, 4m, 6m)
<input type="checkbox"/> Human papillomavirus (HPV) (Grade 6)	<input type="checkbox"/> Influenza (Yearly)
<input type="checkbox"/> Measles, mumps, rubella (18m, 4y)	<input type="checkbox"/> Meningococcal (2m, 6m, Grade 9)
<input type="checkbox"/> Pneumococcal (2m, 4m, 12m)	<input type="checkbox"/> Polio (2m, 4m, 6m, 18m, 4y)
<input type="checkbox"/> Rotavirus (2m, 4m, 6m)	<input type="checkbox"/> Varicella (Chicken Pox) (12m, 4y)
<input type="checkbox"/> Tetanus, diphtheria, pertussis (2m, 4m, 6m, 18m, 4y, Grade 9)	

Adult Immunizations

- | | |
|---|--|
| <input type="checkbox"/> Tetanus dose in last 10 years (Date: _____) | <input type="checkbox"/> Pneumococcal Polysaccharide (Pneumovax-23) (65y+) |
| <input type="checkbox"/> Influenza in last 12 months | <input type="checkbox"/> Pneumococcal Conjugate Vaccine (Prenar-13) |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Zoster (Shingles) (50y+) |

Travel Vaccinations

- | | |
|--|--|
| <input type="checkbox"/> Cholera in last 3 years (Date: _____) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Japanese encephalitis in last 10 years (Date: _____) | <input type="checkbox"/> Rabies in last 5 years (Date: _____) |
| <input type="checkbox"/> Tickborne encephalitis in last 3 to 5 years (Date: _____) | <input type="checkbox"/> Yellow fever (Date: _____) |
| <input type="checkbox"/> Typhoid injection in last 3 years or oral capsules in last 5 years (Date: _____) | |

Meningococcal

- | |
|---|
| <input type="checkbox"/> Polysaccharide in last 3 years |
| <input type="checkbox"/> Conjugate in last 5 years |

Prior travel experience

- | | |
|---|---|
| <input type="checkbox"/> Experience with malaria chemoprophylaxis | <input type="checkbox"/> Experience with altitude |
| <input type="checkbox"/> Illnesses related to prior travel | |

Trip Details

Itinerary (Please attach)
 Countries and specific regions, including order of countries if >1 country:

- Rural or Urban

Timing

Trip duration: _____ Season of travel: _____
 Time to departure: _____

Reason for travel (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Business |
| <input type="checkbox"/> Visiting friends and relatives | <input type="checkbox"/> Volunteer, missionary, or aid work |
| <input type="checkbox"/> Research or education | <input type="checkbox"/> Adventure |
| <input type="checkbox"/> Pilgrimage | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Seeking health care (medical tourism) | |

Travel style (Check all applicable)

<input type="checkbox"/> Independent travel or <input type="checkbox"/> Package tour
Propensity for "adventurous" eating (<input type="checkbox"/> Yes or <input type="checkbox"/> No)
Traveler risk tolerance (<input type="checkbox"/> High, <input type="checkbox"/> Medium, <input type="checkbox"/> Low)
General hygiene standards at destination (<input type="checkbox"/> Good, <input type="checkbox"/> Poor, <input type="checkbox"/> Unknown)
Modes of transportation (<input type="checkbox"/> Taxi, <input type="checkbox"/> Rental Car, <input type="checkbox"/> Public Transit, <input type="checkbox"/> Motorcycle or Scooter, <input type="checkbox"/> Bicycle)
Accommodations (<input type="checkbox"/> Premium Hotel, <input type="checkbox"/> Guest House, <input type="checkbox"/> Hostel or Budget Hotel, <input type="checkbox"/> Dormitory, <input type="checkbox"/> Local Home or Host Family, or <input type="checkbox"/> Tent)

Special activities (Select all that apply)

<input type="checkbox"/> Disaster relief	<input type="checkbox"/> Medical care (providing or receiving)
<input type="checkbox"/> High altitude	<input type="checkbox"/> Diving
<input type="checkbox"/> Cruise ship	<input type="checkbox"/> Rafting or other water exposure
<input type="checkbox"/> Cycling	<input type="checkbox"/> Extreme sports
<input type="checkbox"/> Spelunking	<input type="checkbox"/> Anticipated interactions with animals
<input type="checkbox"/> Anticipated sexual encounters	

Signature: _____ Date: _____