

# TRAVEL WORKSHEET

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

## TRAVEL ITINERARY IN THE ORDER OF EACH COUNTRY TO BE VISITED

1. \_\_\_\_\_ DATE OF DEPARTURE \_\_\_\_\_
2. \_\_\_\_\_ LENGTH OF TRIP? \_\_\_\_\_
3. \_\_\_\_\_ PURPOSE OF TRIP \_\_\_\_\_
4. \_\_\_\_\_ IS YOUR TRAVEL TO: *Urbanized areas,  
Rural areas, or Urbanized & Rural areas.*
5. \_\_\_\_\_ *(Please circle one)*

## MEDICAL QUESTIONNAIRE

Disease Name	Had disease – list date If possible	Had vaccines – list dates
Measles (rubeola)		
Mumps		
Rubella (German measles)		
Chicken Pox (varicella)		

1. Have you received at least 3 doses of Tetanus/diphtheria (Td) in the past (this includes DPT doses as a child)? Yes/No
2. When was your last Td shot given? \_\_\_\_\_
3. Have you received at least 3 doses of polio vaccine, including childhood doses? Yes/No
4. When was your last dose of polio vaccine? \_\_\_\_\_

Circle any of the following that you are allergic to:

Eggs Thimerisol Sulfa Neomycin Streptomycin Bee stings

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Other allergies:

Are you currently being treated for cancer? Yes/No

Do you have a deficiency of the immune system? Yes/No

Do you have any **existing medical conditions**, such as diabetes, heart disease, or lung disease?  
Please explain:

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

### QUESTIONS FOR WOMEN:

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

If pregnant, how many weeks? \_\_\_\_\_

Are you breast feeding? Yes No

Do you have any special concerns or questions to be answered at your appointment?