

PRE-TRAVEL QUESTIONNAIRE

TO BE COMPLETED PRIOR TO INITIAL VISIT

Please bring to your appointment (or drop off ahead of your appointment):

- this completed form
- travel itinerary (dates, countries, countries with flight layovers)
- any vaccination records you have
- all current medications, supplements, vitamins

Name _____

Phone Number _____

Birth Date _____

Date Completing this Form _____

Country	Specific area (region/province/etc)	Dates (from/to)

Specific activities planned during trip: (circle all that apply)

- travel to rural/remote area travel to urban/city travel to high altitude backpacking/camping
business vacation volunteer/mission providing medical care eco-tourism

Medical conditions: NONE <input type="checkbox"/>					
	YES	NO		YES	NO
Emotional/Psychiatric Condition			High Cholesterol		
Psoriasis/Eczema/Skin Condition			Diabetes		
Seizure Disorder			Recent chemotherapy (last 4 months)		
Migraines			Recent radiation (last 4 months)		
Lung Condition			Immunocompromised or immunosuppressed		
Digestive Tract Problems			Spleen Removed/No spleen		
High Blood Pressure			Pregnant or planning a pregnancy		
Arrhythmia/Heart Condition			OTHER		

Additional Questions:

1. Have you ever taken anti-malarial medication in the past?
 - a. If so, which one?
 - b. Any adverse reaction to previous anti-malarial medication?

2. Have you had any vaccinations in the past 4 weeks?
 - a. Which ones?

3. Have you ever had a PPD test?
 - a. When? Result?

4. Do you have any known drug allergies?

5. Have you ever had an anaphylactic reaction or needed to use an EPI pen?

6. Do you have any allergies to eggs, latex or adhesive bandages?

7. Are you prone to motion sickness?