

INTERNATIONAL TRAVEL MEDICAL QUESTIONNAIRE

Name: _____ AGE: _____ Weight: _____ Gender: _____

Itinerary (list all in order): _____

Date of departure: _____ Date of return (estimated): _____

IMMUNIZATIONS	YES	NO	
Have you ever fainted from having your blood drawn or from an injection?			
Have you ever had a fever reaction to a vaccination?			
Any bad reaction/side effect from any vaccination?			
Do you live with anyone who has AIDS, an AIDS-like condition, any other immune disorder or who is on chemotherapy for cancer?			
Do you have a family history of immunodeficiency?			
Have you received any injection of immune globulin or any blood product during the past 12 months?			

GENERAL MEDICAL	YES	NO	
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 may recur while traveling?			
Have you had a fever in the past 48 hours?			
Are you pregnant or might become pregnant on this trip?			
LMP _____			
Do you have AIDS, an AIDS-like condition, any immune disorder, Leukemia or cancer?			
Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis?			
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?			
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?			
Do you have any stomach conditions?			
Do you have a G6PD deficiency?			
Do you have severe renal impairment?			
Bowel conditions such as diarrhea or constipation?			
Have you ever had hepatitis or yellow jaundice?			
Do you have a history of psychiatric problems?			
Do you have a problem with strange dreams and/or nightmares?			
Do you have insomnia?			
Do you have problems with vaginitis?			
Do you have psoriasis?			

GENERAL MEDICAL, <i>Continued</i>	YES	NO	
Do you have cardiac disease, with or without symptoms?			
Do you have any eye conditions?			
Are you prone to motion sickness?			
MEDICATIONS	YES	NO	
ARE YOU TAKING OR WILL BE TAKING			
Quinine, quinidine or medications for a cardiac conduction defect?			
Proguanil to prevent malaria?			
Steroids, prednisone, cortisone, or anti-cancer drugs			
Antibiotics or sulfonamides?			
Antacids?			
Oral contraceptives?			
Aspirin therapy?			
Medication for emotional problems			
Medications for convulsions?			
ALLERGIES	YES	NO	
ARE YOU ALLERGIC TO:			
Any medication?			
Amphotericin B?			
Penicillin or sulfa?			
Mercury or thimerosal?			
Aninoglycoside antibiotics? (streptomycin, neomycin, kanamycin, gentamicin)			
Polymyxin?			
Sulfites?			
Aluminum or aluminum hydroxide?			
2-phenoxyethanol?			
Bee stings or history of hives or urticaria?			
Yeast?			
Eggs?			
Are you hypersensitive to Gelatin?			
Are you hypersensitive to beef, protein, soy, casein, lactose, phenol, or formaldehyde?			

Note any "problem" listed above may be a contraindication or merely a precaution that warrants further discussion between you and your health care provider. The "problem" list is not all-inclusive but is representative of common issues that arise in a pre-travel consultation.

Signature of Traveler / date

Signature of Health care provider / date

The information in this questionnaire is not a substitute for medical advice from a health care provider on an individual basis.