



# International Travel Medical Questionnaire

## General Medical

Date of last Influenza Vaccine: \_\_\_\_\_

Have you had a fever in the past 48 hours: \_\_\_\_\_

Have you ever fainted from having your blood drawn or from an injection: \_\_\_\_\_

Have you ever had a fever reaction to vaccinations: \_\_\_\_\_

Any Bad reaction/side effect from any vaccination: \_\_\_\_\_

## General Information

Have you ever had hepatitis A or B vaccine: \_\_\_\_\_

## Immunizations

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: \_\_\_\_\_

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: \_\_\_\_\_

Do you have a medical condition that is stable now, but may reoccur while traveling: \_\_\_\_\_

Are you pregnant or might become pregnant on this trip: \_\_\_\_\_

Type of Birth control: \_\_\_\_\_

Last Menstrual Period: \_\_\_\_\_

Do you have AIDS or an AIDS like condition, any other immune disorder, leukemia, or cancer: \_\_\_\_\_

Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma: \_\_\_\_\_

Have you ever had a convulsion, seizure, epilepsy, neurologic conditions, or brain infections: \_\_\_\_\_

Do you have any stomach conditions: \_\_\_\_\_

Have you ever had Guillain-Barre' Syndrome: \_\_\_\_\_

Do you have G6PD deficiency: \_\_\_\_\_

Do you have severe renal impairment: \_\_\_\_\_

Bowel condition 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: \_\_\_\_\_

Cardiac disease, with or without symptoms: \_\_\_\_\_

Do you have any eye conditions: \_\_\_\_\_

Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder: \_\_\_\_\_

Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis ( e.g. itchy, red, scaly rash lasting > 2 weeks that often comes and goes): \_\_\_\_\_

Steroids, prednisone, cortisone, or anti-cancer drugs: \_\_\_\_\_

Antibiotics or sulfonamides: \_\_\_\_\_

Pepto-Bismol to prevent traveler's diarrhea: \_\_\_\_\_

Anti-Cancer drugs: \_\_\_\_\_

Antacids: \_\_\_\_\_

Aspirin therapy: \_\_\_\_\_

Medications for depression or emotional problems: \_\_\_\_\_

Medication for convulsions: \_\_\_\_\_

Currently taking any type of medication to prevent malaria: \_\_\_\_\_