

INTERNATIONAL TRAVEL MEDICAL QUESTIONNAIRE

**Fayette County Health Department
140 Stonewall Ave West Suite 107
Fayetteville, GA 30214
30214**

Patient Label Here

Immunizations

	Yes	No	Problem*
Have you ever fainted from having your blood drawn or from an injection?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a fever reaction to vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	DTaP, Td, Tdap
Any bad reaction/side effect from any vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had hepatitis A or B vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	Varicella, Smallpox, Influenza (FluMist®) MMRV, Zoster Vaccine Live (Zostavax®)
Do you have a family history of immunodeficiency?	<input type="checkbox"/>	<input type="checkbox"/>	Varicella, Smallpox, MMRV, Zoster Vaccine Live (Zostavax®)
Have you received any injection of immune globulin or any blood product during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	Varicella, Measles-containing vaccine, Smallpox, MMRV, Zoster Vaccine Live (Zostavax®)

General Medical

	Yes	No	Problem*
Do you have a medical condition that warrants maintenance medications or physician follow-up?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a medical condition that is stable now, but that may recur while traveling?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a fever in the past 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	Td, Influenza, Meningococcal, Oral Typhoid, pneumococcal, (PPV), Tdap, MMRV
Are you pregnant* or might you become pregnant on this trip?	<input type="checkbox"/>	<input type="checkbox"/>	MMR or components, Oral typhoid, Smallpox, Varicella, MMRV, Yellow Fever, Influenza (FluMist®), HPV (Gardasil®), Zoster Vaccine Live (Zostavax®), Doxycycline and other antibiotics. For other immunizations weigh the theoretical risk of vaccination against the risk of disease.

Do you have AIDS or an AIDS-like condition, any other immune disorder, leukemia, or cancer?

MMR or components, Oral typhoid, Smallpox, Rabies, Varicella, Yellow fever, influenza (FluMist®), MMRV, Zoster Vaccine Live (Zostavax®)

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

Yellow Fever

Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?

Any intramuscular injection

Have you ever had a convulsion, seizure, epilepsy, neurologic condition or brain infection?

Mefloquine, DTaP, MMRV

Do you have any stomach conditions?

Oral typhoid, Mefloquine, Doxycycline

Do you have a G6PD deficiency?

Chloroquine, Primaquine

Do you have severe renal impairment?

Malarone

Bowel condition such as diarrhea or constipation?

Rotavirus

Have you ever had hepatitis or yellow jaundice?

Rotavirus

Do you have a history of psychiatric problems?

Mefloquine

Do you have a problem with strange dreams and/or nightmares?

Mefloquine

Do you have insomnia?

Mefloquine

Do you have problems with vaginitis?

Any antibiotic

Do you have psoriasis?

Chloroquine or related compounds

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)?

Smallpox

Cardiac disease, with or without symptoms?

Smallpox, Influenza (FluMist®)

Do you have any eye conditions?

Smallpox

Medications

Yes No

Problem*

ARE YOU TAKING OR WILL YOU BE TAKING:
Quinine, quinidine, or medications for a cardiac conduction defect?

Mefloquine

Chloroquine, mefloquine, or proguanil to prevent malaria?

Mefloquine

Proguanil to prevent malaria?

Oral typhoid

