INTERNATIONAL TRAVEL MEDICAL QUESTIONNAIRE

Georgia Department of Public Health
District 4 Public Health

Patient Label Here

Immunizations	**Yes**	**No**	**Problem***
Have you ever fainted from having your blood drawn or from an injection?	☐	☐	
Have you ever had a fever reaction to vaccination?	☐	☐	DTaP, Td, Tdap
Any bad reaction/side effect from any vaccination?	☐	☐	
Have you ever had hepatitis A or B vaccine?	☐	☐	
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?	☐	☐	Varicella, Smallpox, Influenza (FluMist®) MMRV, Zoster Vaccine Live (Zostavax®)
Do you have a family history of immunodeficiency?	☐	☐	Varicella, Smallpox, MMRV, Zoster Vaccine Live (Zostavax®)
Have you received any injection of immune globulin or any blood product during the past 12 months?	☐	☐	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?	☐	☐	
Do you have a medical condition that is stable now, but that may recur while traveling?	☐	☐	
Have you had a fever in the past 48 hours?	☐	☐	Td, Influenza, Meningococcal, Oral Typhoid, pneumococcal, (PPV), Tdap, MMRV
Are you pregnant* or might you become pregnant on this trip?	☐	☐	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?	☐	☐	
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 or 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?	☐	☐	

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?	☐	☐	
Proguanil to prevent malaria?	☐	☐	Oral typhoid

Steroids, prednisone, cortisone, or anti-cancer drugs?	☐	☐	MMR or components, Oral typhoid, Varicella, Yellow fever, influenza (Flu Mist®), MMRV, Zoster Vaccine Live (Zostavax®)
Antibiotics or sulfonamides?	☐	☐	Oral typhoid
Pepto-Bismol® to prevent traveler's diarrhea?	☐	☐	Doxycycline, tetracycline
Antacids?	☐	☐	Doxycycline, tetracycline
Oral contraceptives?	☐	☐	Doxycycline, tetracycline
Aspirin therapy? (children & adolescents)	☐	☐	Varicella, Influenza (FluMist®)
Medications for depression or emotional problems?	☐	☐	Mefloquine
Medication for convulsions?	☐	☐	Mefloquine

Allergies	**Yes**	**No**	**Problem***
ARE YOU ALLERGIC TO:			
• Any medications?	☐	☐	
• Amphotericin B?	☐	☐	Rabies (PCEC)
• Penicillin or sulfa?	☐	☐	Diamox®, Fansidal®, Penicillin, Sulfa
• Mercury or thimerosal? (Only vaccines containing more than a trace amount of thimerosal are listed.)	☐	☐	DT (multi-dose). Tetanus toxoid (multi-Dose; booster), Influenza (Fluzone Multi-dose; Fluvirin), Japanese Encephalitis, Meningococcal (Menomune multidose).
• Aminoglycoside antibiotics? (streptomycin, neomycin, kanamycin, gentamicin)	☐	☐	Hepatitis AVB (Twinrix®), influenza, IPV, MMR or components, Rabies (HDCV and PCEC), Varicella Zoster Vaccine Live (Zostavax®) Smallpox, PEDIARIX™, MMRV, TBE
• Polymyxin?	☐	☐	Influenza (Fluvirin®), IPV, Smallpox, PEDIARIX™
• Sulfites?	☐	☐	Doxycycline
• Aluminum or aluminum hydroxide?	☐	☐	Hep. A, Hep, B, Hep, A/B (Twinrix®), COMVIX™, DTaP, Td, Rabies (RVA), Anthrax, Pneumococcal (PCV), Tdap TBE, HPV (Gardasil®)
• Benzethonium chloride?	☐	☐	Anthrax
• 2-phenoxyethanol?	☐	☐	Hep B, Hep. A/B (Twinrix®), IPV, DTaP (Infanrix™, PEDIARIX™), Tdap (ADACEL™)

• Bee stings or history of hives or urticaria?	□	□	Japanese encephalitis
• Yeast?	□	□	Hep. A (Havrix®), Hep. A/B (Twinrix®), HPV (Gardasil®)
• Eggs?	□	□	Influenza, Rabies (PCEC), Yellow fever, MME or components, MMRV, TBE
• Glycerin or chlortetracycline?	□	□	Smallpox
Are you hypersensitive to gelatin?	□	□	Varicella, Japanese encephalitis, MMR Or components, DTaP, Yellow fever, Rabies (PCEC), Influenza (Fluzone), Oral typhoid, MMRV, Zoster Vaccine Live (Zostavax®)
Are you hypersensitive to beef protein, soy casein, lactose, phenol, or formaldehyde?	□	□	IPV, Meningococcal, Typhoid, Rabies, DTaP, Pneumococcal (PPV), Anthrax, Smallpox, Tdap, MMRV, Rotavirus, TBE

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

I attest that the above information is accurate and complete to the best of my knowledge. I understand that, because of my participation in this trip and travel medicine appointment, I will be advised by a healthcare provider affiliated with the Carroll County Health Department as to the required and/or recommended immunizations, and medications for my trip. It is my responsibility to comply with their recommendations. I understand that refusing recommended medications or immunizations could result in serious medical illness. I understand that this consultation does not represent a medical clearance for travel. I will not hold the Carroll County Health Department responsible should I contract illnesses or suffer injury associated with this trip.

SIGNATURES: _____ _____

(Traveler and Date) (Health Care Provider and Date)

The information in this questionnaire is not a substitute for medical advice from a health care provider on an individual basis. This form may be enlarged, copied and used for patient care.

Patient Questionnaire

Please give this document to the clerk when you are finished.

OVERSEAS WORKSHEET

Date: _____ Patient label_____

Recent Travel: _____

_____

Current Meds: _____ Preferred Phone: _____

_____ Work Phone: _____

_____ Age: _____ Date of birth: _____

Allergies: _____ Sex: M F Weight: _____

_____ Pregnant: Y N Breastfeeding: Y N

Planning to be pregnant: Y N

Heart, kidney or liver problems: Y N

Allergic to eggs: Y N ; To Thimerosal: Y N

All countries you will visit (in order, first to last): _____

_____

_____

Date of departure: _____ Length of trip:_____

Purpose: _____ Urban: _____ Rural: _____ Both: _____

This box for clinic use only

PLAN:

PHARMACY#_____

Teaching Checklist

General info:_____ Malaria R_X: _____

_____ Tdap _____ TD _____ Polio _____ MMR

_____ Meningococcal Meningitis _____ Yellow Fever

_____ J. Enceph. _____ Typhoid (inj.) _____ Oral Typhoid

Work-up prepared by:

R_X :

Chloroquine 500mg# _____

Mefloquine 250mg# _____

Malarone 250/100mg# _____

Doxycycline 100mg# _____

_____ Hepatitis _____ A _____ B

_____ Imm. Globulin _____Flu _____ V2V