

Worldwide Travel Medicine

4800 Riverbend Road, Suite 200 Boulder, CO 80301

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_Phone (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of trip: \_\_\_\_Pleasure \_\_\_\_Business \_\_\_\_Medical work \_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want us to send your health care provider (mainstream or alternative) information on this visit? \_\_\_No \_\_\_Yes: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about our clinic? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the countries you will visit, including layovers, in chronological order:**

|  |  |  |  |
| --- | --- | --- | --- |
| Country | City/State | Number of Days | Rural Area Yes No |
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Your most recent vaccinations and the date/year (If you don’t know this information, don’t worry):

**Routine U.S. Vaccines**  **Travel Related Vaccines**

 Chicken pox (varicella) vaccine or disease

 Flu vaccine Hepatitis A vaccine (2 shots)

 Hepatitis B vaccine (3 shots) or disease Japanese encephalitis (3 shots)

 MMR (measles, mumps, rubella) (2 shots) Meningococcal meningitis

 Measles vaccine or disease Rabies (3 shots)

 Mumps vaccine or disease \_\_ Typhoid vaccine (pills)

 German measles (rubella) vaccine or disease \_\_\_\_\_\_\_Typhoid vaccine (shot)

 Pneumococcal vaccine Twinrix (hepatitisA/B) (3 shots)

 Polio vaccine or disease Yellow fever

 Tetanus/diphtheria or tetanus/diphtheria/Pertussis (Adacel)

**Yes / No**  **Do you have or have you had any problems such as:**

\_\_/\_\_ Asthma, COPD, emphysema, use of supplemental oxygen on the ground or in the air

\_\_/\_\_ Altitude sickness

\_\_/\_\_ Diabetes \_\_on pills \_\_ on insulin

\_\_/\_\_ Stroke, heart attack, heart disease or high blood pressure

\_\_/\_\_ Liver problems (hepatitis B or C)

\_\_/\_\_ Kidney problems (renal insufficiency/failure, dialysis)

\_\_/\_\_ Cancer (type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_/\_\_ Thymus disorder/syndrome/thymectomy or myasthenia gravis, Digeorge syndrome, thymoma

\_\_/\_\_ Live or work closely with someone who is HIV positive or immunosuppressed?

\_\_/\_\_ Are you HIV positive or taking oral steroids (prednisone >10 mg/day) or taking anti-cancer

 drugs?

\_\_/\_\_ Have you ever had the Yellow Fever vaccine?

\_\_/\_\_ Have you ever ruptured a tendon?

\_\_/\_\_ Do you have psychiatric or emotional problems? Have you been hospitalized for this? **No /Yes**

\_\_/\_\_ Have you gotten ill on previous international trips? What happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_/\_\_ Have you had problems with previous vaccines or medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_/\_\_ Are you allergic to any medications (like streptomycin, gentamycin, Polymixin B, sulfa)? \_\_\_\_\_\_

#### Yes / No

\_\_/\_\_ Are you allergic to any foods (like eggs, beef protein, lactose, soy casein, yeast) or substances including 2-phenoxyethanol, alum/aluminum, hydroxide, latex, thimerosal, formaldehyde, sulfites?

Are you taking any prescriptions \_\_\_\_\_/\_\_\_\_\_ if yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_/\_\_ Are you pregnant or planning to get pregnant in the next 3 months?

\_\_/\_\_ Are you breastfeeding?

Date of last menstrual period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth control type if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_/\_\_Have you received any injection of immune globulin or blood products in the last 12 months?

\_\_/\_\_Have you ever had a convulsion, seizure, epilepsy or brain infection?

\_\_/\_\_ Do you have psoriasis?

# PLEASE HAND THIS FORM TO THE RECEPTIONIST

RECOMMENDATIONS BY TRAVEL MED STAFF

**Written information given on**: \_\_\_itinerary ­­\_\_\_altitude sickness \_\_\_children and travel \_\_\_diarrhea

\_\_\_ Diving \_\_herbal insect sprays/deet \_\_jet lag \_\_\_malaria \_\_\_pregnancy/breastfeeding \_\_\_\_\_\_\_\_other

\_\_\_Accidents/injuries as leading mortality - seat belts, bike helmets, alcohol/drug use

\_\_\_Diseases endemic to countries without vaccines and protective measures

\_\_\_Insect borne diseases and precautions

\_\_\_Blood/bodily fluids/sex precautions and diseases (HIV/hepatitis’s) - latex condoms, NO needles

\_\_\_Rabies precautions and treatment of bites/scratches

\_\_\_Insurance coverage overseas/evacuation insurance

\_\_\_Prevention of diarrhea

**Prescription Medications** (please note that no medication is 100% effective)

\_\_\_Azithromax 500mg # \_\_\_\_\_ diarrhea treatment

\_\_\_Ambien 10mg #\_\_\_\_\_ sleeping aid

\_\_\_Chloroquine (Aralen) 500mg #\_\_\_\_\_ malaria prevention

\_\_\_Ciprofloxacin (Cipro) 500mg #\_\_\_\_\_ diarrhea treatment

\_\_\_Diamox (acetazolamide) 250mg # \_\_\_\_\_ altitude sickness prevention

\_\_\_Doxycycline 100mg #\_\_\_\_\_ malaria prevention

\_\_\_Malarone (atovaquene/proguanil) #\_\_\_\_\_ malaria prevention

\_\_\_Mefloquine (Lariam) 250mg #\_\_\_\_\_ malaria prevention

\_\_\_Scopolamine (Transderm Scop) # 4 motion sickness prevention

 Typhoid vaccine (oral)

 Needle/syringes and gloves kit

**To buy in the pharmacy:**

 Insect repellents (Sawyers’ Controlled Release Formula, Deep Woods Off! Ultrathon, Permethanone for clothes/bednetting)

 Sunblock/Sun hat (Apply sunscreen and then insect repellent)

 I have read “Vaccine Information” and all of my questions have been answered satisfactorily. I realize that no vaccine is 100% effective and I must use precautions in additional to receiving the vaccines(s). I understand that some vaccines are a series and I must receive the entire series to be considered protected. I also understand some vaccines have a limited duration of protection and those limits are noted on the next page.

Signature Date

I have declined the recommended medicines that are listed below. I have read “Vaccine Information” and understand the health risks of acquiring these diseases.

Declined medicines are

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_