International Travel Medical Questionnaire

NAME:_____ AGE:_____ WEIGHT (approx.):_____ SEX:_____

ADDRESS:_____

CONTACT INFORMATION (telephone, e-mail): _____

ITINERARY:_____

TODAY'S DATE:_____ DEPARTURE DATE:_____

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?	☐	☐	*any vaccine, especially those containing tetanus-diphtheria*
Have you ever had a 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, FluMist, MMRV, Zostavax*
Do you have a family history of immunodeficiency?	☐	☐	*varicella, smallpox, MMRV, Zostavax*
Have you received any injection of immune globulin or any blood product during the past 12 months?	☐	☐	*varicella, measles-containing vaccine, smallpox, MMRV, 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?	☐	☐	
Do you have asplenia?	☐	☐	
Have you had an acute illness or a fever in the past 48 hours?	☐	☐	
Are you pregnant or might you become pregnant on this trip?	☐	☐	*MMR, oral typhoid, smallpox, varicella, MMRV, yellow fever, FluMist, HPV, Zostavax, BCG, JE, doxycycline and other antibiotics. For other vaccines weigh theoretical risk of vaccination against risk of disease.*
Are you breastfeeding?	☐	☐	*smallpox, yellow fever*
Do you have HIV, AIDS, an AIDS-like condition, immune deficiency or other immune disorder, leukemia, or cancer, or are you taking immunomodulatory drugs, or are you post-transplant?	☐	☐	*MMR, oral typhoid, smallpox, rabies, varicella, yellow fever, FluMist, MMRV, Zostavax, rotavirus*
Do you have severe combined immunodeficiency disease?	☐	☐	*rotavirus*
Do you have 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, Tdap, MMRV*
Do you have any stomach conditions?	☐	☐	*oral typhoid, mefloquine, doxycycline, Malarone, chloroquine, rotavirus*
Do you have a G6PD deficiency?	☐	☐	*chloroquine, primaquine*
Do you have severe renal impairment?	☐	☐	*Malarone*
Do you have a bowel condition such as diarrhea or constipation?	☐	☐	*rotavirus*
Do you have congenital malformation of the GI tract or chronic GI disorder?	☐	☐	*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 of your household ever been diagnosed with eczema or atopic dermatitis?	☐	☐	*smallpox*
Do you have cardiac disease, with or without symptoms?	☐	☐	*smallpox, FluMist*
Do you have any eye conditions?	☐	☐	
Are you prone to motion sickness?	☐	☐	
Do you have asthma or wheezing?	☐	☐	*FluMist*
Do you have multiple sclerosis?	☐	☐	*yellow fever*
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, or anti-cancer drugs?	☐	☐	*MMR, oral typhoid, varicella, yellow fever, FluMist, MMRV, 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, FluMist*
medications for emotional problems?	☐	☐	*mefloquine*
medication for convulsions?	☐	☐	*mefloquine*
Allergies*	**Yes**	**No**	**Problem***
Are you allergic or hypersensitive to:			
any medications?	☐	☐	
amphotericin B?	☐	☐	*RabAvert*
penicillin or sulfa?	☐	☐	*Diamox, Fansidar, penicillin, sulfa*
mercury or thimerosal?	☐	☐	*See Table THIM-1 (U.S.) or Table THIM-2 (Canada).*
streptomycin?	☐	☐	*IPV*

(con't.)