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| **I:\travel\2014 Handouts\Icons (Noun Project)\plane around globe_icon_15537.png** | **UW MEDICINE TRAVEL CLINIC at HALL HEALTH CENTER**  hallhealth.washington.edu | (206) 685-1011   |  | | --- | | TRAVEL PLANNING QUESTIONNAIRE |   **Please complete both sides and bring to your appointment** | | | | | | |
| Name: | | | | Age: | | Date: | |
| **TRAVEL ITINERARY** | | | | | | | |
| Date of Departure: | | Date of Return: | | | Length of Trip: | | |
| Country/Cities/Regions and Approximate Dates: | | | Planned Activities: | | | | |
| Purpose of Travel: | | | | | | | |
| Accommodations: | | | | | | | |
| **MEDICAL HISTORY** | | | | | | | |
| Have you ever traveled to a developing country? 🞎Yes 🞎No | | | | | | | |
| Have you ever had a reaction to a medication, vaccine, food, bee/insect, other (rash, breathing difficulties, stomach upset)? 🞎Yes 🞎No  What kind of reaction? | | | | | | | |
| Do you have any symptoms of acute illness today? 🞎Yes 🞎No  *If yes, please explain:* | | | | | | | |
| Please list any chronic or acute medical conditions for which you are currently being treated: | | | | | | | |
| Have you ever had chicken pox (varicella)? 🞎Yes 🞎No | | | | | | | |
| Do you have a history of blood clotting disorder, previous deep vein thrombosis (DVT), or pulmonary embolism (PE)? | | | | | | | 🞎Yes  🞎No |
| List all **current medications** and **dosages**, if known (prescription and over-the-counter, including birth control): | | | | | | | |
| Additional comments (pertinent health history, concerns about the trip): | | | | | | | |
| **FOR WOMEN:** Are you currently sexually active with men? 🞎Yes 🞎No | | | | | | | |
| If yes, method of contraception? 🞎IUD 🞎Pill/OCP 🞎Condom 🞎Implant 🞎Injection 🞎Vasectomy 🞎Other  Are you currently pregnant or attempting pregnancy? 🞎Yes 🞎No  Are you breastfeeding? 🞎Yes 🞎No Date of last menstrual period: / / | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Did you receive typical “routine” childhood vaccinations? 🞎 Yes 🞎 No 🞎 Don’t know | | | | | |
| **DATE COMPLETED: PROVIDER NAME:** | | | | |  |
| VACCINE HISTORY – COMPLETED BY PROVIDER | | | | | |
| **VACCINE AND ROUTE** | | **M/D/Y** | **VACCINE AND ROUTE** | **M/D/Y** | |
| Hepatitis A – 1/2 | |  | Pneumococcal polysaccharide (PPV23) |  | |
| Hepatitis B – 1/2/3 | |  | Pneumococcal conjugate (PCV13) |  | |
| Twinrix (Hep A/B) – 1/2/3 | |  | Polio (IPV) |  | |
| Additional Hep B or Twinrix | |  | Rabies vaccine – 1/2/3 |  | |
| HPV 1/2/3 | |  | Td |  | |
| Influenza (flu) vaccine | |  | Tdap/DTaP |  | |
| HPV (Human Papillomavirus) 1/2/3 | |  | Injectable typhoid |  | |
| High-dose flu | |  | Oral typhoid (4 tabs) |  | |
| (JEV/Ixiaro) – 1/2 or booster | |  | Varicella (Chicken Pox) disease |  | |
| Measles, Mumps, & Rubella (MMR) –1/2 | |  | Varicella (Chicken Pox) vaccine – 1/2 |  | |
| Men B (Bexsero) 1/2 | |  | Yellow Fever |  | |
| Men B (Trumenba) 1/2/3 | |  | Zostavax (for shingles – Herpes zoster, 60+) |  | |
| Men ACYW, polysaccharide | |  |  |  | |
| Men ACYW, conjugate | |  |  |  | |
| TRAVEL MEDICATIONS | | | | | |
| **CATEGORY** | **MEDICATION** | | | | **NOTES** |
| **Allergic Reactions** | Epipen | | | |  |
| **Altitude Illness** | Acetazolamide (Diamox)125mg  Dexamethasone 4mg | | | |  |
| **Diarrhea** | Azithromycin (Zithromax) 250 mg  Ciprofloxacin (Cipro) 500 mg  Rifaximin (Xifaxan) 200 mg | | | |  |
| **Malaria** | Atovaquone/Proguanil (Malarone)  Chloroquine phosphate (Aralen)  Hydroxychloroquine (Plaquenil)  Doxycycline  Mefloquine (Lariam) | | | |  |
| **Motion Sickness** | Transdermal scopolomine patch | | | |  |
| **Skin Infection** | Cephalexin (Keflex) 500mg  Mupirocin ointment (Bactroban) | | | |  |
| **Women’s Health** | Fluconazole (Diflucan) 150mg  Emergency Contraception (Ella/Plan B) | | | |  |
| **Other** |  | | | |  |