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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

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| 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 🞎NoWhat 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 🞎OtherAre you currently pregnant or attempting pregnancy? 🞎Yes 🞎NoAre 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** |  |  |