**PRE-TRAVEL QUESTIONNAIRE John S. Hostetler MD, F.A.C.P**

**Personal Information Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Country of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Weight if Under Age 12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How were you referred to our clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pharmacy Name and Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

DO YOU HAVE A HISTORY OF ONE OF THE FOLLOWING?

 Acid Reflux \_\_\_ Cardiac Arrhythmia \_\_\_\_ Depression \_\_\_\_ Diabetes \_\_\_ Liver Disease \_\_\_\_

 Psoriasis \_\_\_ Seizure Disorder \_\_\_\_Weak Immune System \_\_\_

Other chronic medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant or considering trying to become pregnant while staying abroad? Yes \_\_\_\_ No \_\_\_\_

Have you had a TB skin test? Yes \_\_ No \_\_ If yes, date of most recent test\_\_\_\_\_\_\_ Result (circle) + or -

ALLERGIES:

* List food allergies including eggs, chicken etc.
* List severe reactions to bee stings or other insects
* List drug allergies including Cipro, Levaquin, Sulpha, Larium, Chloroquine or any other medications.

LIST ANY MEDICATIONS YOU WILL TAKE WHILE TRAVELING (Including non-prescription items)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous International Travel Experience**

Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

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**Travel Itinerary (upcoming trip) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List in order of travel:

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urban \_\_\_\_\_\_ Rural \_\_\_\_\_ Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure \_\_\_\_\_\_\_\_\_\_\_\_ Total Days \_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urban \_\_\_\_\_\_ Rural \_\_\_\_\_ Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure \_\_\_\_\_\_\_\_\_\_\_\_ Total Days \_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urban \_\_\_\_\_\_ Rural \_\_\_\_\_ Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure \_\_\_\_\_\_\_\_\_\_\_\_ Total Days \_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urban \_\_\_\_\_\_ Rural \_\_\_\_\_ Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure \_\_\_\_\_\_\_\_\_\_\_\_ Total Days \_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urban \_\_\_\_\_\_ Rural\_\_\_\_\_ Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_ Date of Departure \_\_\_\_\_\_\_\_\_\_\_\_ Total Days \_\_\_\_\_\_

**PURPOSE OF TRAVEL & ACTIVITIES** (check all that apply)

 Volunteer agency, college or company sponsoring trip (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Business \_\_\_ Vacation/sightseeing \_\_\_\_ Missionary \_\_\_\_ Research \_\_\_\_ teaching \_\_\_\_ Student \_\_\_\_

 Fresh water activities \_\_\_ Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Climbing \_\_\_ Diving \_\_\_ Hiking \_\_\_ other \_\_\_

**ACCOMMODATIONS** (check all that apply)

 Hotel \_\_\_ Compound \_\_\_ Private home \_\_\_ Camp \_\_\_ Safari \_\_\_ Cruise \_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATES OF PREVIOUS IMMUNIZATIONS**

Routine Travel

\_\_\_\_\_\_Rubella (German Measles) \_\_\_\_\_\_, Booster \_\_\_\_\_\_ Hepatitis A

\_\_\_\_\_\_Tetanus/Diphtheria \_\_\_\_\_\_Oral Typhoid

\_\_\_\_\_\_ Tdap \_\_\_\_\_\_ Intramuscular Typhoid

\_\_\_\_\_\_Pneumovax \_\_\_\_\_\_Yellow fever

\_\_\_\_\_\_ Influenza A/B \_\_\_\_\_\_ Polio booster

\_\_\_\_\_\_ Chicken Pox \_\_\_\_\_\_ Meningitis

\_\_\_\_\_\_ Hepatitis B (all three injections) \_\_\_\_\_\_Rabies (all 3 injections)