

Travel Clinic Patient Questionnaire

Student Health Services

The Travel Clinic provides international travelers with information about the countries they are planning to visit, evaluates healthcare needs and risks, and provides immunizations and consultations. Students anticipating travel should make an appointment a minimum of eight (8) weeks before traveling to allow time for any counseling and administration of immunizations. Call 803-777-9511 (or 803-777-1448) for an appointment.

Please fill out this form and call to make an appointment. There is a charge for travel consultations and any charges for immunizations and medications. Several appointments may be needed. **Bring your immunization records with you to your travel consultation.**

Contact our Immunization coordinator by phone 803-777-9511 (or 803-777-1448)

Name: (please print) _____ Date of Birth: ____/____/____
Address: _____ Gender: Male Female
Home phone: _____ Work phone: _____
Email address: _____ Social Sec. #: _____

INFORMATION REGARDING TRAVEL PLANS

Date of departure: ____/____/____

List the countries in order to which you will be traveling:

Length of stay:

Is your travel to: (circle one) urban areas / rural areas / urban and rural areas

What is the reason for travel? (pleasure, business, medical work, study abroad, etc)

How did you hear about our services? _____

Have you ever had the following diseases or received vaccines for:

Chicken pox	YES	NO
Measles (or received two doses of measles vaccine)	YES	NO
Mumps (or received mumps vaccine)	YES	NO
Rubella vaccine (or received positive test for immunity)	YES	NO

Are you currently being treated for cancer? YES NO

Do you have a deficiency of the immune system? YES NO

Please list any existing medical conditions (heart disease, diabetes, etc):

Please list all medications you are taking (prescriptions and over-the-counter):

QUESTIONS FOR WOMEN

Are you pregnant, suspect you may be pregnant, or trying to become pregnant?
YES NO

If pregnant, how many weeks?

_____ weeks

Are you breast feeding?

YES NO

If you are breastfeeding or pregnant, you must see your OB physician. We can not administer immunizations to these individuals without a written order from the OB physician.

Note: Any problem listed below may be a contraindication or merely a precaution that warrants further discussion between the healthcare provider and patient. This list is not all inclusive, but is representative of common issues that arise in a pre-travel consultation.

	<u>CIRCLE</u>	<u>CONTRAINDICATION</u>
Immunizations		
Have you ever fainted from having your blood drawn or from an injection?	Yes No	
Have you ever had a fever reaction to vaccination?	Yes No	DTap, Td, Tdap
Have you ever had any bad reaction or side effect from any vaccination?	Yes No	
Have you ever had the hepatitis A or B vaccine?	Yes No	
Do you live (or work closely) with anyone who has AIDS, any AIDS-like condition, any other immune disorder, or who is on chemotherapy for cancer?	Yes No	Varicella, smallpox, influenza (FluMist)
Do you have a family history of immunodeficiency?	Yes No	Varicella, smallpox
Have you received any injection of immune globulin or any blood product during the past 12 months?	Yes No	Varicella, measles-containing vaccine, smallpox
General Medicine		
Do you have a medical condition that warrants maintenance or physician follow-up?	Yes No	
Do you have a medical condition that is stable now, but may recur while travelling?	Yes No	
Have you had a fever in the past 48 hours?	Yes No	Td, FluMist, meningococcol, oral typhoid, PPV, Tdap
Are you pregnant or might you become pregnant on this trip?	Yes No	MMR, oral typhoid, small pox, varicella, yellow fever, influenza, oral cholera (Mutacol), doxycycline and other antibiotics
Do you have AIDS, any AIDS-like condition, any other immune disorder, leukemia, or cancer?	Yes No	MMR or components, oral typhoid, smallpox, rabies, varicella, yellow fever, oral cholera (Mutacol), influenza (FluMist)
Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma?	Yes No	Yellow fever
Do you have severe thrombocytopenia (low platelet count) or coagulation disorder?	Yes No	any intramuscular injection
Do you have any stomach conditions?	Yes No	Oral typhoid, Mefloquine, Doxycycline
Do you have a G6PD deficiency?	Yes No	Choroquine, Primaquine
Do you have severe renal impairment?	Yes No	Malarone
Do you have bowel conditions such as diarrhea or constipation?	Yes No	
Have you ever had hepatitis or yellow jaundice?	Yes No	
Do you have a history of psychiatric problems?	Yes No	Mefloquine
Do you have problems with strange dreams and/or nightmares?	Yes No	Mefloquine
Do you have insomnia?	Yes No	Mefloquine
Do you have problems with vaginitis?	Yes No	any antibiotic
Do you have psoriasis?	Yes No	Chloroquine or related compounds
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis? (i.e. itchy, red, scaly rash lasting >2 weeks that often comes and goes)	Yes No	small pox
Do you have cardiac disease, with or without symptoms?	Yes No	small pox, Influenza (FluMist)
Do you have any eye conditions?	Yes No	
Are you prone to motion sickness?	Yes No	
Have you ever had a convulsion, seizure or epilepsy, neurologic condition or brain infection?	Yes No	
Medications - Are you taking or will you be taking:		
• quinine, quinidine or medications for cardiac conduction defect?	Yes No	Mefloquine
• chloroquine, mefloquine or proguanil to prevent malaria?	Yes No	Oral cholera (Mutacol), Oral typhoid
• steroids, prednisone, cortisone, or anti-cancer drugs?	Yes No	MMR or components, oral typhoid, varicella, yellow fever, influenza (Flu Mist)
• antibiotics or sulfonamides?	Yes No	Oral typhoid, oral cholera (Mutacol)
• Pepto-Bismol to prevent traveller's diarrhea?	Yes No	Doxycycline, tetracycline
• antacids?	Yes No	Doxycycline, tetracycline
• oral contraceptives?	Yes No	Doxycycline, tetracycline
• aspirin therapy?	Yes No	Varicella, Influenza(FluMist)
• medications for emotional conditions?	Yes No	Mefloquine
• medications for convulsions?	Yes No	Mefloquine
Allergies - Are you allergic to:		
• any medications?	Yes No	
• Amphotericin B?	Yes No	Rabies (PCEC)
• penicillin or sulfa?	Yes No	Diamox, Fansidar, Penicillin, Sulfa
• mercury or thimerosal? Only vaccines containing > trace of thimerosal are listed.	Yes No	DT(multi-dose), tetanus toxoid (multi-dose, booster), Influenza(Fluzone multi-dose, Fluvarin), Japanese encephalitis, Meningococcal (Menomue multidose)
• Aminoglycoside antibiotics (streptomycin, neomycin, kanamycin, gentamicin)?	Yes No	Heptitiz A/B (Twinrix) Influenza, IPV, MMR or components, Rabies [HDCV and PCEC], Varicella, Smallpox, PEDIARIX
• polymixin?	Yes No	Influenza(Fluvirin) IPV, Smallpox, PEDIARIX
• sulfites?	Yes No	Doxycyclin
• aluminum or aluminum hydroxide?	Yes No	Hep. A, Hep B, Hep A/B (Twinrix),COMVAX, DTap, Td, Rabies [RVA], Anthrax, PCV, Tdap
• benzethonium chloride?	Yes No	Anthrax
• 2-phenoxyethanol?	Yes No	Hep A [Havrix], Hep A/B [Twinrix], IPV, Dtap [Infanrix, PEDIARIX], Tdap, ADACEL
• bee or other insect stings or history of hives or urticaria?	Yes No	
• yeast?	Yes No	Japanese encephalitis
• eggs?	Yes No	Hep B, Hep A/B (Twinrix), PEDIARIX, oral cholera (Mutacol)
• glycerin or chlortetracycline?	Yes No	Influenza, Rabies (PCEC), Yellow fever, MMR or components
• latex?	Yes No	Smallpox
• Are you hypersensitive to gelatin?	Yes No	
• Are you hypersensitive to beef protein, soy, casein, lactose, phenol, or formaldehyde?	Yes No	Varicella, Japanese encephalitis, MMR or components, DTap, Yellow fever, Rabies (PCEC), Influenza (Fluzone), oral typhoid IPV, Meningococcal, Typhoid, Rabies, DTap, Pneumococcal (PPV), Anthrax, Smallpox, Tdap

The statements above are true to the best of my knowledge. Signed _____ Date _____