

**CONCORD HILLSIDE MEDICAL ASSOCIATES**

**Travel Medicine Service**

**Please fill out this form and bring it with you to your Travel Medicine appointment.** \*Bring any immunization records you may have. You may need to call previous health care providers for this information. \* Bring details of your itinerary.

**Name** \_\_\_\_\_ **dob** \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

**Date of Departure** \_\_\_\_\_

**Itinerary:** list the order of countries/cities to be visited.

**Length of stay**

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

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

Urban \_\_\_\_\_ rural \_\_\_\_\_ high altitude \_\_\_\_\_

**Purpose of Travel:**

Vacation \_\_\_\_\_ business \_\_\_\_\_ community service \_\_\_\_\_ medical \_\_\_\_\_ safari \_\_\_\_\_ visit  
relatives \_\_\_\_\_ other \_\_\_\_\_

**Accommodations:** Hotel \_\_\_\_\_ host family \_\_\_\_\_ camping \_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_

## Medical History

Current Medical Problems \_\_\_\_\_

Are you being treated for cancer, diabetes, heart disease or lung disease? \_\_\_\_\_

Past Medical Problems \_\_\_\_\_

Any acquired illness from previous international travel? \_\_\_\_\_

Past surgery \_\_\_\_\_

Current medications \_\_\_\_\_

Allergies \_\_\_\_\_ circle any of the following that you are allergic to: Eggs Thimerosal Sulfa Neomycin Bee stings

## Immunization History

Hepatitis A #1 \_\_\_\_\_ #2 \_\_\_\_\_ Meningococcal \_\_\_\_\_ MMR \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Typhoid oral/inj \_\_\_\_\_

Tetanus/diphtheria \_\_\_\_\_ Rabies \_\_\_\_\_ Yellow Fever \_\_\_\_\_

Polio \_\_\_\_\_ Influenza \_\_\_\_\_ Japanese Encephalitis \_\_\_\_\_

Or have you had the **disease** of Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Chicken Pox \_\_\_\_\_

## Questions for Women

Are you pregnant, suspect you may be pregnant or trying to become pregnant? \_\_\_\_\_

Are you breast feeding? \_\_\_\_\_

If pregnant, how many weeks? \_\_\_\_\_

**Do you have any special concerns or questions to be answered at your appointment?**

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

**How did you hear about our travel medicine service?** \_\_\_\_\_