

We realize this form is long and complex. **The value of our consultation, however, will be in direct proportion to your ability to be complete in providing the requested information.** Incomplete forms may result in rescheduling your travel appointment and may increase the number of appointments needed to complete your travel immunizations.

**THIS PAGE TO BE COMPLETED BY PATIENT PRIOR TO EVERY TRAVEL CONSULTATION**

Phone: \_\_\_\_\_ VS: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Departure date: \_\_\_\_\_

Travel purpose:  Vacation  Business  Education  Other \_\_\_\_\_

Itinerary	Arrival Date	Departure Date	Accommodations: (i.e. Hotel, Camp, Local Family)	Overnight in Rural Area

Current medications:

Medicine allergies:

Chronic medical conditions:

Date prior vaccine	
	Tetanus Diphtheria Toxoids
	Measles, Mumps, Rubella
	Hepatitis B Vaccine #1
	#2
	#3
	Varicella Vaccine #1
	#2
	Polio Virus Vaccine (inactivated)
	Yellow Fever Vaccine
	Typhoid Vaccine (injection or oral)
	Hepatitis A Vaccine #1
	#2
	Meningococcal Vaccine
	Rabies Vaccine (pre-exposure) #1
	#2
	#3
	Other:

ID# \_\_\_\_\_ Name \_\_\_\_\_