

Center for Care of Infectious Diseases – International Traveler Questionnaire

Planned Travel Itinerary (Detailed)

City/ Destination	Country	Length of Stay
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Reason for Trip (circle all that apply):

Pleasure Business Student Work Visiting Friends/ Relatives Worship/Pilgrimage Provide Health Care Mission

Accommodations (circle all that apply):

Hotel Resort Hostel Safari/Lodge Cruise Ship Stay with friends/family Rent home Camping

Traveling with a tour group?	Y	N
Planning on travel outside of urban areas?	Y	N
Deliver humanitarian aid?	Y	N
Will you be in rural areas in evening hours?	Y	N
Planning to climb to high altitudes?	Y	N
Planning to scuba dive?	Y	N
Planning on rural hiking or trekking?	Y	N
Planning on any cycling or jogging?	Y	N

Immunization History:

Please check the shots/ vaccines you may have received and the date if known.

	Immunization	Had disease? Yes/No	Vaccinated? Yes/No	Approx Dates
1.	Hepatitis A			
2.	Hepatitis B			
3.	Twinrix (Hep A/B)			
4.	Yellow Fever			
5.	Rabies			
6.	Polio			
7.	Typhoid			
8.	Japanese Encephalitis			

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	Immunization	Had disease? Yes/No	Vaccinated? Yes/No	Approx Dates
9.	Meningococcal			
10.	HIB (Haemophilus influenzae type b)			
11.	Influenza			
12.	Tetanus			
13.	Tdap (tetanus, diphtheria, pertussis)			
14.	Pneumovax/Prevnar			
15.	Measles			
16.	Mumps			
17.	Rubella			
18.	MMR (measles, mumps, rubella)			
19.	Chickenpox			
20.	Shingles			
21.	COVID-19			

List any medical conditions or disorders (including heart & lung disease, diabetes or other acute/ chronic problems)

List all medications you are taking on a regular basis

Do you have any allergies to: (circle all that apply)

Latex Eggs Sulfa Neomycin Streptomycin Thimerosal None

Do you have any allergies to medications or foods? _____

Do you have any problems with your immune system (e.g. Organ Transplant, HIV, spleen removal, lymphoma, leukemia, chemotherapy, radiation therapy, taking prednisone/ steroids, Thymus problem):

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|---|---|---|
| Do you have a history of seizures? | Y | N |
| Do you have a history of depression or psychosis | Y | N |
| Do you have any history of thymus (not thyroid) problems? | Y | N |
| Do you or a family member have prolonged QT syndrome? | Y | N |
| Do you have irregular heartbeats or an arrhythmia? | Y | N |
| Do you smoke or have asthma? | Y | N |
| Females Only: Are you pregnant or trying to get pregnant? | Y | N |
| Are you nursing? | Y | N |
| Last Menstrual Period: _____ | | |

Additional questions that you may have for your travel consultant?