Center for Care of Infectious Diseases – International Traveler Questionnaire

This questionnaire must be completed and returned **prior to your appointment being scheduled.** Our appointments are limited, so they are scheduled on a first come – first served basis. Please do not delay.

PAYMENT FOR SERVICES

There is an \$80 fee for medical consultation/travel guidance and patient education, in addition to the cost of many immunizations (paid separately wherever you receive them). These fees are <u>not</u> covered by medical insurance as they are considered elective. We regret that we are unable to bill your insurance company for you.

Payment is expected before your visit takes place. If you do not pay ahead of your visit, your appointment will be <u>cancelled.</u> We will call you up to three days before your scheduled appointment to collect your payment by phone. If we are unable to reach you, you will be instructed to call back to (412) 864-0662 or (412) 647-5225 with your payment information.

Your signature is your a	acceptance of these terms.					
Signature:			Date:			
PLEASE COMPLETE T	HE FOLLOWING:					
Name:						
First	Middle		Last			
Address:						
Street						
City		State			Zip	
Email:			Today's Date):		
Date of Birth:	Age:	Weight:		Sex:	M	F
Home Phone:		Cell Phone:				
Work Phone:		Emergency Cont	eact:			
How should we contact you	ı?PhoneMail	_Email				
Primary Physician Info	rmation					
Name:		Ph	one:			
Address:						
May we send a letter about	today's visit to your doctor?	Y N				
Flight Itinerary						
	List airports/countrie					
Return Date:	List airports/countries	(transit):				

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Planned Travel Itinerary (Detailed)

City/ Des	stination					Country			Length of Stay		
City/ Des	stination					Country			Length of Stay		
City/ Des	stination					Country			Length of Stay		
City/ Des	stination					Country			Length of Stay		
City/ Des	stination					Country			Length of Stay		
City/ Des	stination					Country			Length of Stay		
City/ Des	stination					Country			Length of Stay		
Reason	n for Trij	p (circ	le all	that	apply):						
Pleasur	e Busi	ness	Stud	dent	Work	Visiting Friends	/ Relatives	Worship/Pilgrimage	Provide Hea	lth Care	Mission
Accom	modatio				ıt apply):						
Hotel	Resort	Hos	tel	Safar	ri/Lodge	Cruise Ship	Stay	with friends/family	Rent home	Ca	mping
Travelii	ng with a t	our gro	oup?			Y	N				
Planning on travel outside of urban areas?			Y	N							
Deliver	humanita	rian aid	1?			Y	N				
Will yo	u be in rur	al area	s in e	vening	g hours?	Y	N				
Plannin	g to climb	to higl	h altit	udes?		Y	N				
Plannin	g to scuba	dive?				Y	N				
Plannin	g on rural	hiking	or tre	kking	<u>;</u> ?	Y	N				
Plannin	g on any c	ycling	or jo	ggingʻ	?	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

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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		+		
ist all a	madications you are taking on a regular be	eie			
List all 1	medications you are taking on a regular ba	sis			
Do you Latex	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods	Streptomycin			
Do you Latex Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin) Streptomycin ?tem (e.g. Organ Trans)	olant, HIV, sple	en removal,	lymphoma, leukemia,
Do you Latex Do you Do you chemoth	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune syst) Streptomycin ?tem (e.g. Organ Trans)	olant, HIV, spleo oblem):	en removal,	lymphoma, leukemia,
Do you Latex Do you Do you Chemoth	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systematory, radiation therapy, taking prednison	Streptomycin ? tem (e.g. Organ Transpe/ steroids, Thymus property)	olant, HIV, splee oblem):	en removal,	lymphoma, leukemia,
Do you Latex Do you Do you Chemoth Do you Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systemapy, radiation therapy, taking prednison have a history of seizures?	Streptomycin ? tem (e.g. Organ Transpe/steroids, Thymus property)	olant, HIV, spled coblem): N N	en removal,	lymphoma, leukemia,
Do you atex Do you hemoth Do you Do you Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systematory, radiation therapy, taking prednison have a history of seizures? have a history of depression or psychosis	Streptomycin ? tem (e.g. Organ Trans) e/ steroids, Thymus problems?	olant, HIV, splee oblem): N N	en removal,	lymphoma, leukemia,
Do you Latex Do you Do you Chemoth Do you Do you Do you Do you Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systemapy, radiation therapy, taking prednison have a history of seizures? have a history of depression or psychosis have any history of thymus (not thyroid) p	Streptomycin Streptomycin em (e.g. Organ Transpe/steroids, Thymus problems?	olant, HIV, splee oblem): N N N	en removal,	lymphoma, leukemia,
Do you Latex Do you Chemoth Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systemapy, radiation therapy, taking prednison have a history of seizures? have a history of depression or psychosis have any history of thymus (not thyroid) por a family member have prolonged QT sy	Streptomycin Streptomycin em (e.g. Organ Transpe/steroids, Thymus problems?	olant, HIV, splea oblem): N N N N N N	en removal,	lymphoma, leukemia,
Do you Latex Do you Chemoth Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systemapy, radiation therapy, taking prednison have a history of seizures? have a history of depression or psychosis have any history of thymus (not thyroid) por a family member have prolonged QT sy have irregular heartbeats or an arrhythmia	Streptomycin ? tem (e.g. Organ Transpe/steroids, Thymus problems? Yoroblems? Yordrome? Yoroblems? Yoroblems? Yoroblems?	olant, HIV, spleo roblem): N N N N N N N	en removal,	lymphoma, leukemia,
Do you Latex Do you	have any allergies to: (circle all that apply Eggs Sulfa Neomycin have any allergies to medications or foods have any problems with your immune systemapy, radiation therapy, taking prednison have a history of seizures? have a history of depression or psychosis have any history of thymus (not thyroid) por a family member have prolonged QT sy have irregular heartbeats or an arrhythmial smoke or have asthma?	Streptomycin ? tem (e.g. Organ Transpe/steroids, Thymus problems? Yoroblems? Yordrome? Yoroblems? Yoroblems? Yoroblems?	olant, HIV, splee oblem): N N N N N N N N N N N	en removal,	lymphoma, leukemia,

Had disease? Yes/No Vaccinated? Yes/No Approx Dates

Additional questions that you may have for your travel consultant?