

Place Student ID Sticker Here

Pre-Travel Assessment

Date: _____

Preferred Telephone #: _____ Preferred Email: _____ Email consent signed

Prior Travel to Developing Country? If yes, to where: _____

HISTORY:

Date of birth: _____ Age: _____ Gender: _____ Country of Birth: _____

Departure Date: _____ Return Date: _____ Duration of Stay (in days): _____

Destination(s) in order of travel: _____

Purpose of trip: Vacation Study Volunteer Business Other: _____

Accommodation type: University dormitory Long Stay Apartment or House Ship Local Homes

Luxury Hotel Budget Hotel Hostel Camping Other: _____

Check off all that apply:

- New to Travel Long Stay (> 1 month) Visiting Friends or Relatives Urban Rural
 Altitude Traveling alone Traveling with group With Children: (ages) _____ Smoker Trekking
 Scuba Rafting Cruise Contact with local individuals Contact with animals Other: _____

Allergies: None Known OR

Medication allergy and reactions: _____

Environmental Bees/Other insect Foods and reactions: _____

Vaccines: _____ Eggs Thimerosal Latex Gelatin

For women only:

Last menstrual period, if applicable: ____/____/____ pregnant ____ weeks planning pregnancy lactating

Last sexual intercourse: _____ Contraception method: _____

Significant health history: _____ Surgeries: _____ Last Dental Visit: _____

Medical History: Seizures Psychiatric Issues (including Depression, Anxiety, Eating disorder) Psoriasis

Cardiac conduction defects (irregular heart beat) Asthma Motion sickness

Problems with Heart GI Liver Immune system Altitude Illness Other _____

Current prescription medications: _____

Have Medical Insurance for trip? No Yes If yes, Type: _____

Have Evacuation Insurance for trip? No Yes If yes, Type: _____

Immunization History:

Childhood Vaccines Complete: Yes No Don't Know: _____

Tetanus – diphtheria up to date: Yes, date: _____ No Don't Know: _____

Ever had PPD? No Yes, if yes, date/results: _____ / _____

Hepatitis A: 0 1 2 Hepatitis B: 0 1 2 3 Influenza Meningococcal MMR 0 1 2

HPV: 0 1 2 3 Varicella: illness 0 1 2 Pneumococcal _____ Rabies _____

Polio booster _____ Japanese Encephalitis Twinrix® _____ Yellow Fever _____

Typhoid: oral _____ injectable _____ Other: _____

Malaria drugs taken in past (check): Chloroquine Mefloquine (Lariam) Doxycycline Malarone®

Side Effects: _____ Ever had Glucose (G₆PD) testing? Yes No Unsure

Objective:

Vitals: Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____ Temp: _____ Pulse: _____ RR: _____

ASSESSMENT:

- Fitness to Travel Assessed → Cleared to travel OR _____
- Trip Forms Completed Needs Consents or Waivers: Yes No
- Malaria Counseling: Risk, Personal Protective Measures, Prophylaxis, Signs and symptoms of malaria, Follow up
- Other Specialized Counseling (specify below under 'Plan')
- Vaccines needed (specify below under 'Plan')
- Medications needed: Malaria Traveler's Diarrhea Altitude Jet Lag Motion Sickness
- Other: _____

PLAN:

Assessed as needing and referred to ACHD or travel clinic for the following vaccines:

- Hepatitis A Polio booster Influenza Hepatitis B Tetanus Diphtheria Acellular Pertussis
- Typhoid (If oral review 1 tablet every other day 4 times - Advised MUST refrigerate)
- Rabies Japanese Encephalitis Meningococcal MMR Pneumococcal PPD Twinrix®
- Varicella Yellow Fever HPV vaccine Other: _____

Medication prescriptions and instructions given:

- Doxycycline 100mg orally daily # Azithromycin 500 mg (Z-pack) orally daily for 1-3 days #
- Mefloquine 250mg orally once a week # Ciprofloxacin 500mg orally daily for 1 to 3 days #
- Chloroquine 500mg orally once a week # Acetazolamide 125 to 250mg orally twice a day #
- Malarone® 250mg atovaquone/100mg proguanil orally daily # Diflucan 150 mg orally #
- Other: _____

Counseling and education provided:

Counseled per CDC guidelines for destination and CDC Country Handouts given

Additional Counseling or Handouts: Medical Care Abroad handout given Travel Medical Kit Handout given

- Health Insurance Medical Evacuation Insurance Air Travel, Jet Lag, and DVT
- Climate/ Altitude Water safety Traveler's Diarrhea Self Care Trauma & Safety
- Injury Self Care Food and Water Safety Insects and repellents Malaria & drug information
- Dengue HIV & STDs Rabies and animal safety Women's Issues
- Contraception Pregnancy Children's Issues Return Care
- Other: _____

Referrals or Resources: Review CDC Website 1 week prior to travel Other: _____

Follow-up: Follow up PRN Only Follow up Visit Needed _____

PROVIDER: _____

DATE: _____