

TRAVEL HISTORY

Have you traveled previously outside the U.S.? Never Once Several times Extensively

Yes No Have you ever received vaccinations for travel?
If "yes", please specify _____

MEDICAL HISTORY

Yes No Are you sick today?

Yes No Have you ever fainted from having your blood drawn or from an injection?

Yes No Are you taking any medications (including over-the-counter)?
If "yes", please list: _____

Yes No Do you have any chronic physical or mental conditions such as diabetes, heart disease, or depression?
If "yes", please specify: _____

Yes No Do you have a history of Guillian-Barre syndrome or seizure disorder?

Yes No Have you ever had your thymus gland removed or had a history of problems with your thymus such as myasthenia gravis or DiGeorge syndrome?

Yes No Do you or any person you live with have an immune system disorder, HIV, or receive radiation or chemotherapy treatments?

Yes No Have you received any injection of immune globulin or any blood products in the last 6 months?

Yes No (Women only) Are you pregnant, suspecting you may be pregnant, or trying to become pregnant?

Yes No Has a doctor ever recommended that you do not travel?

Yes No Has anyone (such as group leader, physician, nurse) already given you a list of recommended or required vaccines/medications?
If "yes", please specify: _____

What are your other travel questions or concerns? _____

I hereby certify that all information given is correct. I understand that my insurance may not cover travel immunizations therefore I am responsible for all fees associated with this visit at the time of service.

_____ Signature of client or parent/guardian