

Travel Medicine Clinic

Name: _____

SSN: _____ DOB: _____

Address: _____

Phone numbers: _____

Destination: _____

Depart/return: _____

Accommodations/reason: _____

Prior immunizations: _____

Medications: _____

Medical conditions: none depression cancer HTN heart seizures DM pregnant

Other: _____

Allergies: none eggs environmental neomycin sulfa TCN PCN chicken gelatin

Other: _____

For Office Use Only

INT Medicine

_____ Hepatitis A _____

_____ Hepatitis B _____

_____ Polio _____

_____ Td _____

_____ MMR _____

_____ Meningococcal _____

_____ Pneumovax _____

_____ Yellow fever _____

_____ Japanese encephalitis _____

_____ Flu _____

_____ Ty21 #4 pills _____

_____ Malarone 250/100mg PO daily _____

_____ Doxycycline 100mg PO daily _____

_____ Larium 250mg PO weekly _____

_____ Chlorquine 500mg PO weekly _____

_____ RX for traveler's diarrhea _____

Additional instructions: _____

Appointment needed: _____

Nurse: _____ Physician: _____