

## International Travel Medical Questionnaire

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT (approx.): \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT INFORMATION (telephone, e-mail): \_\_\_\_\_

ITINERARY: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_

Immunizations	Yes	No	Problem*
Have you ever fainted from having your blood drawn or from an injection?			
Have you ever had a fever reaction to vaccination?			<i>any vaccine, especially those containing tetanus-diphtheria</i>
Have you ever had <i>any</i> bad reaction/side effect from any vaccination?			
Have you ever had hepatitis A or B vaccine?			
Do you live (or work closely) with anyone who has AIDS, an AIDS-like condition, any other immune disorder, or who is on chemotherapy for cancer?			<i>varicella, smallpox, FluMist, MMRV, Zostavax</i>
Do you have a family history of immunodeficiency?			<i>varicella, smallpox, MMRV, Zostavax</i>
Have you received any injection of immune globulin or any blood product during the past 12 months?			<i>varicella, measles-containing vaccine, smallpox, MMRV, Zostavax</i>
General Medical	Yes	No	Problem*
Do you have a medical condition that warrants maintenance medications or physician follow-up?			
Do you have a medical condition that is stable now, but that may recur while traveling?			
Do you have asplenia?			
Have you had an acute illness or a fever in the past 48 hours?			
Are you pregnant or might you become pregnant on this trip?			<i>MMR, oral typhoid, smallpox, varicella, MMRV, yellow fever, FluMist, HPV, Zostavax, BCG, JE, doxycycline and other antibiotics. For other vaccines weigh theoretical risk of vaccination against risk of disease.</i>
Are you breastfeeding?			<i>smallpox, yellow fever</i>
Do you have HIV, AIDS, an AIDS-like condition, immune deficiency or other immune disorder, leukemia, or cancer, or are you taking immunomodulatory drugs, or are you post-transplant?			<i>MMR, oral typhoid, smallpox, rabies, varicella, yellow fever, FluMist, MMRV, Zostavax, rotavirus</i>
Do you have severe combined immunodeficiency disease?			<i>rotavirus</i>
Do you have a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma?			<i>yellow fever</i>
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?			<i>any intramuscular injection</i>
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?			<i>mefloquine, DTaP, Tdap, MMRV</i>
Do you have any stomach conditions?			<i>oral typhoid, mefloquine, doxycycline, Malarone, chloroquine, rotavirus</i>
Do you have a G6PD deficiency?			<i>chloroquine, primaquine</i>
Do you have severe renal impairment?			<i>Malarone</i>
Do you have a bowel condition such as diarrhea or constipation?			<i>rotavirus</i>
Do you have congenital malformation of the GI tract or chronic GI disorder?			<i>rotavirus</i>
Have you ever had hepatitis or yellow jaundice?			
Do you have a history of psychiatric problems?			<i>mefloquine</i>
Do you have a problem with strange dreams and/ or nightmares?			<i>mefloquine</i>
Do you have insomnia?			<i>mefloquine</i>
Do you have problems with vaginitis?			<i>any antibiotic</i>
Do you have psoriasis?			<i>chloroquine or related compounds</i>

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Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?			<i>smallpox</i>
Do you have cardiac disease, with or without symptoms?			<i>smallpox, FluMist</i>
Do you have any eye conditions?			
Are you prone to motion sickness?			
Do you have asthma or wheezing?			<i>FluMist</i>
<b>Medications</b>	<b>Yes</b>	<b>No</b>	<b>Problem*</b>
ARE YOU TAKING OR WILL YOU BE TAKING:			
quinine, quinidine, or medications for a cardiac conduction defect?			<i>mefloquine</i>
chloroquine, mefloquine, or proguanil to prevent malaria?			
proguanil to prevent malaria?			<i>oral typhoid</i>
steroids, prednisone, or anti-cancer drugs?			<i>MMR, oral typhoid, varicella, yellow fever, FluMist, MMRV, Zostavax</i>
antibiotics or sulfonamides?			<i>oral typhoid</i>
Pepto-Bismol® to prevent traveler's diarrhea?			<i>doxycycline, tetracycline</i>
antacids?			<i>doxycycline, tetracycline</i>
oral contraceptives?			<i>doxycycline, tetracycline</i>
aspirin therapy? (children & adolescents)			<i>varicella, FluMist</i>
medications for emotional problems?			<i>mefloquine</i>
medication for convulsions?			<i>mefloquine</i>
<b>Allergies†</b>	<b>Yes</b>	<b>No</b>	<b>Problem*</b>
ARE YOU ALLERGIC TO:			
any medications?			
amphotericin B?			<i>rabies (PCEC)</i>
penicillin or sulfa?			<i>Diamox, Fansidar, penicillin, sulfa</i>
mercury or thimerosal?			<i>See Table THIM-1 (U.S.) or Table THIM-2 (Canada).</i>
streptomycin?			<i>IPV</i>
gentamicin?			<i>FluMist, Fluarix</i>
neomycin?			<i>Hep A (Havrix), Hep A/B, influenza (Afluria, Fluviron, Agriflu), IPV, MMR, rabies, varicella, Zostavax, MMRV, Pediarix, smallpox, Kinrix, Pentacel</i>
polymyxin?			<i>influenza (Fluvirin, Afluria), IPV, Pediarix, smallpox, Kinrix, Pentacel</i>
kanamycin?			<i>Agriflu</i>
sulfites?			<i>doxycycline</i>
protamine sulfate?			<i>Ixiaro</i>
aluminum or aluminum hydroxide?			<i>Hep A, Hep B, Hep A/B, Comvax, DTaP, Td, rabies (RVA), anthrax, PCV, Tdap, TBE, HPV, Kinrix, Pentacel, Ixiaro</i>
benzethonium chloride?			<i>anthrax</i>
2-phenoxyethanol?			<i>Hep A (Havrix), Hep A/B, IPV, DTaP (Infanrix, Pediarix), Tdap (Adacel), Pentacel</i>
bee stings or history of hives or urticaria?			<i>JE-VAX</i>
yeast?			<i>Hep B, Hep A/B, Pediarix, Comvax, PCV, oral typhoid, Gardasil, Menveo</i>
eggs, ovalbumin, or chicken protein?			<i>influenza, rabies (PCEC), yellow fever, MMR, MMRV, TBE</i>
chlortetracycline?			<i>rabies (PCEC)</i>
latex?			<i>Consult package insert.</i>
Are you hypersensitive to gelatin?			<i>varicella, JE-VAX, MMR, DTaP, yellow fever, rabies (PCEC), influenza (Fluzone, FluMist), oral typhoid, MMRV, Zostavax</i>
Are you hypersensitive to soy?			<i>PCV</i>
Are you hypersensitive to lactose?			<i>Menomune, oral typhoid, Hiberix, BCG</i>

\* Note: A "problem" listed above may be a contraindication, a precaution, or merely an issue that warrants further discussion between the health care provider and patient to discuss risks/benefits of vaccination with that particular vaccine. The "problem" list is not all-inclusive but is representative of common issues that arise in a pre-travel consultation.

† This list is not all-inclusive. Always check package inserts carefully and also see CDC's *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the "Pink Book"); see appendix B for a complete list of vaccine excipients.

BASED ON: Vaccine manufacturers' package inserts; CDC: *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the "Pink Book"), 11th edition, Appendix B, 2009.