

# Travel Clinic Screening Form

(For Travel Nurse and Physician)

<b>Appointment Date:</b>	
<b>Patient Name:</b>	
<b>Date of Birth:</b>	
<b>Age:</b>	
<b>Phone:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Insurance Name/Phone</b>	
<b>ID#</b>	
<b>Subscriber Name</b>	
<b>Subscriber DOB</b>	
<b>Medical Conditions:</b>	
<b>Allergies:</b>	
<b>Current Medications:</b>	
<b>Patient Pharmacy:</b>	

<b>Travel Destination(s):</b>	
<b>Flight stops:</b>	
<b>Where Staying:</b>	
<b>Dates of Travel:</b>	
<b>Reason for Travel:</b>	
<b>WVSIIS checked?</b>	
<b>Vaccines Recommended for Patient:</b>	
<b>Travel Specific Precautions (from CDC):</b>	

**Vaccines Administered During Travel Appointment**  
(see immunization card for specific vaccine information)

<input type="checkbox"/> MMR	<input type="checkbox"/> Twinrix (Hep A/B)	<input type="checkbox"/> Yellow Fever	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Typhoid	<input type="checkbox"/> Varicella	<input type="checkbox"/> IPV
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Japanese Encephalitis	<input type="checkbox"/> TDaP	<input type="checkbox"/> Rabies
<input type="checkbox"/> Influenza	<input type="checkbox"/> Other Specify:		

<b>Traveler's Diarrhea Medication Recommendation:</b> (To be prescribed by Health officer)	Recommended
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<b>Altitude Sickness Medication Recommendation:</b> (To be prescribed by Health officer)	Not Recommended
<b>Malaria Prophylaxis Medication Recommendation:</b> (To be prescribed by Health officer)	Recommended (depends on area)

<b>Immunization Booster Return Appointment Date:</b>	
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<b>Patient Name/ Date of Birth:</b>	
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<b>Nurse Notes:</b>
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Date:	

<b>For Physician:</b>
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<b>Date:</b>		<b>Physician Notes (please type below):</b>
<b>Please check the prescription called in and fill in the number of tablets prescribed:</b>		
<input type="checkbox"/> Malarone 250mg 1 PO qd NR; start 1 day before travel, during travel, and for 7 days after travel		
Number of Tablets Prescribed:		
<input type="checkbox"/> Doxycycline 100mg 1 PO qd; Take 2 days before arrival until 4 weeks (28 days) after leaving		
Number of Tablets Prescribed:		
<input type="checkbox"/> Cipro 750mg 1 PO BID for 1-3 days PRN for Traveler's Diarrhea		
Number of Tablets Prescribed:		
<input type="checkbox"/> Diamox 125mg BID, Begin the day before ascent and continue the first two days at high altitude, or longer if ascent continues		
Number of Tablets Prescribed:		
<input type="checkbox"/> Other Prescription, please specify in box below:		