**Travel and Health History Questionnaire**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departing Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel Destination Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Location of Each Stop** | **Duration**  *(Days/Weeks)* | **Type of Location**  *Rural, urban, mountains, coast, jungles, forest, wilderness* | **Type of Accommodations**  *Hotel, resort, camping,*  *home stays, wilderness* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Past and/or Present Health Problems**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health Problems** | **Now** | **Prior** | **Health Problems** | **Now** | **Prior** |
| Bronchial Asthma | ☐ | ☐ | Depression | ☐ | ☐ |
| Heart Disease | ☐ | ☐ | Anxiety Disorder | ☐ | ☐ |
| Heart Rhythm Disturbance | ☐ | ☐ | Mental Health Issues | ☐ | ☐ |
| Cancer | ☐ | ☐ | Emphysema/COPD | ☐ | ☐ |
| Liver Disease | ☐ | ☐ | Diabetes/Insulin | ☐ | ☐ |
| Hepatitis A | ☐ | ☐ | Leukemia | ☐ | ☐ |
| Hepatitis B | ☐ | ☐ | Splenectomy | ☐ | ☐ |
| Kidney Disease | ☐ | ☐ | Radiation | ☐ | ☐ |
| Nervous System Disease | ☐ | ☐ | Immune System Disease | ☐ | ☐ |
| Lung Disease | ☐ | ☐ | Seizures | ☐ | ☐ |
| Stomach Disease | ☐ | ☐ | G-6 PD Deficient | ☐ | ☐ |
| Pregnancy | ☐ | ☐ |  |  |  |
| Planning Pregnancy | ☐ |  |  |  |  |

**Do you have any allergies to food or medicine?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any medications you have taken in the past 2 weeks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Special activities you are planning may affect decisions regarding immunizations or medication*

|  |  |  |
| --- | --- | --- |
| **Activity** | **Yes** | **No** |
| Any activity requiring balance? (i.e. piloting, mountain/rock climbing, machinery) | ☐ | ☐ |
| Outdoor activities between dusk and dawn? | ☐ | ☐ |
| Delivering health care? | ☐ | ☐ |
| Intentionally using local health care? | ☐ | ☐ |
| Tattooing or other risk of exposure to body fluids? | ☐ | ☐ |
| Close exposure to animals or providing veterinary care? | ☐ | ☐ |
| Cave exploration? Spelunking? | ☐ | ☐ |
| Activities at elevations about 9,000-10,000 feet? | ☐ | ☐ |
| Activities potentially involving motion sickness? | ☐ | ☐ |
| Possibility of other risky behaviors? | ☐ | ☐ |

**Vaccination History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vaccine** | **Yes** | **No** | **?** | **Date of Most Recent** |
| Cholera | ☐ | ☐ | ☐ |  |
| Diphtheria | ☐ | ☐ | ☐ |  |
| Gamma/Immune Globulin | ☐ | ☐ | ☐ |  |
| Hepatitis A | ☐ | ☐ | ☐ | ` |
| Hepatitis B | ☐ | ☐ | ☐ |  |
| Influenza (“Flu”) | ☐ | ☐ | ☐ |  |
| Measles, Mumps, Rubella (MMR) | ☐ | ☐ | ☐ |  |
| Meningococcal/Meningitis | ☐ | ☐ | ☐ |  |
| Pneumovax | ☐ | ☐ | ☐ |  |
| Polio (injected form) | ☐ | ☐ | ☐ |  |
| Polio (oral form) | ☐ | ☐ | ☐ |  |
| Rabies | ☐ | ☐ | ☐ |  |
| Typhoid (injected form) | ☐ | ☐ | ☐ |  |
| Typhoid (oral form) | ☐ | ☐ | ☐ |  |
| Yellow Fever | ☐ | ☐ | ☐ |  |

**Have you ever had a serious reaction to any vaccinations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any special concerns?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WOMEN:**

**Are you pregnant, suspect you may be pregnant, or trying to become pregnant?\_\_\_\_\_\_\_\_\_\_**

**Immunizations Needed For This Trip:**

|  |  |
| --- | --- |
| **Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Series to Complete:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Checklist Of What To Take:**  ☐ Cholera ☐ Flu  ☐ Altitude Illness ☐ Typhoid  ☐ Meningococcal ☐ Hepatitis A  ☐ Food/Water ☐ Hepatitis B  ☐ Dengue Fever ☐ Polio  ☐ Diarrhea Tx and SE ☐ Measles  ☐ Insect Precautions ☐ MMR  ☐ Japanexe Encephalitis ☐ Oral Typhoid  ☐ Malaria Rx Information ☐ Pneumococcal  ☐ Pregnancy Issues ☐ TD  ☐ Safety Issues (STDs) ☐ Rabies  ☐ Yellow Fever  ☐ Schistosomiasis |
|  |  |

**Work-up prepared by:­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Mountain Medical Immediate Care**

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