

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: _____