

Travel Health Assessment Form

Name: _____

Date of Birth: _____

Best contact phone: _____

Email: _____

Past Medical History:

Have you ever had hepatitis? Yes/No

Have you ever had measles? Yes/No

Has your spleen been removed? Yes/No

Have you had any problems with your thymus gland
or had it removed? Yes/No

Are you HIV seropositive? Yes/No

Do you have any immune system disorders? Yes/No

Have you undergone an organ transplant? Yes/No

Have you ever fainted or passed out when
receiving vaccines? Yes/No

Do you suffer from depression or anxiety attacks? Yes/No

Do you have any chronic illnesses? Yes/No

If yes, please list: _____

Any serious illnesses in the past or past surgery? Yes/No

If yes, please list: _____

Do you drink alcohol? Yes/No

If yes, how many drinks/day? _____

Do you smoke? Yes/No

If yes, how many per day? _____

Are you allergic to anything? Yes/No

If yes, to what?

Drugs _____

Vaccines _____

Vaccine components _____

Eggs _____

Are you taking any medications?

Yes/No

If yes, please list: _____

Anything to suppress gastric acid? _____

For the heart? For blood thinning? For high blood pressure? _____

Antiepileptics? Antidepressants? Sedatives or sleeping pills? _____

Psoriasis, eczema or rheumatoid arthritis medications? _____

Corticosteroids? Other immune-suppressive medication? _____

FOR WOMEN:

Are you pregnant?

Yes/No

Are you using contraception?

Yes/No

If yes, what type? _____

Are you breast feeding?

Yes/No

Are you thinking of becoming pregnant during or
within 3 months upon return from your trip?

Yes/No

Details of Your Planned Travel:

Have you taken out travel insurance?

Yes/No

If you have a medical condition, have you informed
the company about your condition?

Yes/No

Date of Departure: _____

Date of Return: _____

Purpose of visit: _____

Please list all countries to be visited:

	Country	Length of Stay
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Circle which best describes your trip:

TYPE OF TRIP:	Business	Pleasure	Visiting Friends/Relatives	Other
MODE OF TRAVEL:	Package tour	Self-organized	Backpacking	
ACCOMMODATION:	Camping	Cruise ship	Trekking	Hotels
	Relatives'/friends' homes	Other		
TRAVEL PARTY:	Alone	In group	With family/friends	
ENVIRONMENT:	Urban	Rural	Altitude	Remote
PLANNED ACTIVITIES:		Safari	Adventure	Diving
CONTACT WITH ANIMALS:		Yes/No - if yes, please explain _____		

Have you travelled internationally in the past? Yes/No

If yes, where? _____

Do you intend to travel frequently in the future? Yes/No/Maybe!

Vaccination History:

When were you last vaccinated against?

Yellow Fever	Never	Less than 10 years ago	More than 10 years ago
Tetanus	Never	Less than 10 years ago	More than 10 years ago
Diphtheria	Never	Less than 10 years ago	More than 10 years ago
Polio	Never	Less than 10 years ago	More than 10 years ago
Hepatitis A	Never	Completed one dose	2 doses, last dose _____
Hepatitis B	Never	Completed 1 dose/2 dose 3 doses, last dose _____	
Typhoid (injection)	Never	Less than 3 years ago	More than 3 years ago
Typhoid (oral)	Never	Less than 5 years ago	More than 5 years ago
Meningococcal (A, C, Y, W-135 strains)	Never	Less than 3 years ago	More than 3 years ago
Measles	Never	1 dose	2 doses, last dose _____
MMR (measles, mumps, rubella)	Never	1 dose	2 doses, last dose _____
Influenza	Never	This year	More than 1 year ago
Pneumococcal	Never	Less than 5 years ago	More than 5 years ago
Rabies	Never	Less than 3 years ago	More than 3 years ago