

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?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a fever reaction to vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<i>any vaccine, especially those containing tetanus-diphtheria</i>
Have you ever had a bad reaction/side effect from any vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had hepatitis A or B vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<i>varicella, smallpox, FluMist, MMRV, Zostavax</i>
Do you have a family history of immunodeficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<i>varicella, smallpox, MMRV, Zostavax</i>
Have you received any injection of immune globulin or any blood product during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<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?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a medical condition that is stable now, but that may recur while traveling?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have asplenia?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had an acute illness or a fever in the past 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you pregnant or might you become pregnant on this trip?	<input type="checkbox"/>	<input type="checkbox"/>	<i>MMR, oral typhoid, smallpox, varicella, MMRV, yellow fever, FluMist, HPV, Zostavax, adenovirus, BCG, JE, doxycycline and other antibiotics. For other vaccines weigh theoretical risk of vaccination against risk of disease.</i>
Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<i>smallpox, yellow fever, adenovirus</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?	<input type="checkbox"/>	<input type="checkbox"/>	<i>MMR, oral typhoid, smallpox, rabies, varicella, yellow fever, FluMist, MMRV, Zostavax, rotavirus, adenovirus</i>
Do you have severe combined immunodeficiency disease?	<input type="checkbox"/>	<input type="checkbox"/>	<i>rotavirus</i>
Do you have a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma?	<input type="checkbox"/>	<input type="checkbox"/>	<i>yellow fever</i>
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<i>any intramuscular injection</i>
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine, DTaP, Tdap, MMRV</i>
Do you have any stomach conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<i>oral typhoid, mefloquine, doxycycline, Malarone, chloroquine, rotavirus</i>

(con't.)

Do you have a G6PD deficiency?	<input type="checkbox"/>	<input type="checkbox"/>	<i>chloroquine, primaquine</i>
Do you have severe renal impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Malarone</i>
Do you have a bowel condition such as diarrhea or constipation?	<input type="checkbox"/>	<input type="checkbox"/>	<i>rotavirus</i>
Do you have congenital malformation of the GI tract or chronic GI disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<i>rotavirus</i>
Have you ever had hepatitis or yellow jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a history of psychiatric problems?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
Do you have a problem with strange dreams and/or nightmares?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
Do you have insomnia?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
Do you have problems with vaginitis?	<input type="checkbox"/>	<input type="checkbox"/>	<i>any antibiotic</i>
Do you have psoriasis?	<input type="checkbox"/>	<input type="checkbox"/>	<i>chloroquine or related compounds</i>
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?	<input type="checkbox"/>	<input type="checkbox"/>	<i>smallpox</i>
Do you have cardiac disease, with or without symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<i>smallpox, FluMist</i>
Do you have any eye conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you prone to motion sickness?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	<i>FluMist</i>
Do you have multiple sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>	<i>yellow fever</i>
Medications	Yes	No	Problem*
Are you taking or will you be taking:			
quinine, quinidine, or medications for a cardiac conduction defect?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
chloroquine, mefloquine, or proguanil to prevent malaria?	<input type="checkbox"/>	<input type="checkbox"/>	
proguanil to prevent malaria?	<input type="checkbox"/>	<input type="checkbox"/>	<i>oral typhoid</i>
steroids, prednisone, or anti-cancer drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>MMR, oral typhoid, varicella, yellow fever, FluMist, MMRV, Zostavax</i>
antibiotics or sulfonamides?	<input type="checkbox"/>	<input type="checkbox"/>	<i>oral typhoid</i>
ketoconazole?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
Pepto-Bismol to prevent traveler's diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<i>doxycycline, tetracycline</i>
antacids?	<input type="checkbox"/>	<input type="checkbox"/>	<i>doxycycline, tetracycline</i>
aspirin therapy? (children and adolescents)	<input type="checkbox"/>	<input type="checkbox"/>	<i>varicella, FluMist</i>
medications for emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
medication for convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	<i>mefloquine</i>
Allergies*	Yes	No	Problem*
Are you allergic or hypersensitive to:			
<i>any</i> medications?	<input type="checkbox"/>	<input type="checkbox"/>	
amphotericin B?	<input type="checkbox"/>	<input type="checkbox"/>	<i>RabAvert</i>
penicillin or sulfa?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Diamox, Fansidar, penicillin, sulfa</i>
mercury or thimerosal?	<input type="checkbox"/>	<input type="checkbox"/>	<i>See Table THIM-1 (U.S.) or Table THIM-2 (Canada).</i>

(con't.)

streptomycin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>IPV</i>
gentamicin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>FluMist, Fluarix</i>
neomycin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>HepA, HepA/B, influenza (Afluria, Fluviron, Agriflu, FluMist), IPV, MMR, rabies, varicella, Zostavax, MMRV, Pediarix, smallpox (ACAM2000), Kinrix, Pentacel</i>
polymyxin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>influenza (Fluvirin, Afluria), IPV, Pediarix, smallpox (ACAM2000), Kinrix, Pentacel</i>
kanamycin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Agriflu, Bexsero</i>
sulfites?	<input type="checkbox"/>	<input type="checkbox"/>	<i>doxycycline</i>
sodium metabisulfite?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Ixiaro</i>
protamine sulfate?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Ixiaro</i>
aluminum or aluminum hydroxide?	<input type="checkbox"/>	<input type="checkbox"/>	<i>anthrax, Bexsero, HepA, HepB, HepA/B, Comvax, DTaP, Td, rabies (RVA), PCV13, Tdap, TBE, HPV, Kinrix, Pentacel, Ixiaro, Pediarix, HPV, DT, PedvaxHib</i>
benzethonium chloride?	<input type="checkbox"/>	<input type="checkbox"/>	<i>anthrax</i>
2-phenoxyethanol?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Havrix, HepA/B, IPV, DTaP (Infanrix, Daptacel), Pediarix, Td, Pentacel, Adacel</i>
yeast?	<input type="checkbox"/>	<input type="checkbox"/>	<i>HepB, HepA/B, Pediarix, Comvax, PedvaxHib, PCV13, oral typhoid, Gardasil, Gardasil9, Menveo</i>
eggs, egg protein, ovalbumin, or chicken protein?	<input type="checkbox"/>	<input type="checkbox"/>	<i>influenza, RabAvert, yellow fever, MMR, MMRV, TBE</i>
chlortetracycline?	<input type="checkbox"/>	<input type="checkbox"/>	<i>RabAvert</i>
latex?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Consult package insert.</i>
gelatin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>varicella, MMR, yellow fever, RabAvert, Fluzone, FluMist, oral typhoid, MMRV, Zostavax</i>
soy?	<input type="checkbox"/>	<input type="checkbox"/>	<i>PCV13, Comvax, Recombivax</i>
lactose?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Menomune, oral typhoid, Hiberix, BCG</i>
bovine/calf/fetal serum albumin, protein, or extract?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Adenovirus, Ixiaro, Infanrix, Kinrix, Pediarix, Pentacel, DT (sanofi), Vaqta, IPV, MMR, MMRV, PPSV, RabAvert, RotaTeq, Boostrix, oral typhoid, varicella, Zostavax</i>
formaldehyde or formalin?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Ixiaro, BioThrax, DTaP, Hiberix, ACTHib, Comvax, DT, Pentacel, Pediarix, Kinrix, HepA, Recombivax, HepA/B, influenza (Agriflu, Fluarix, Flulaval, Fluzone), IPV, MCV4, Td, Tdap, MenHibrix, Typhim Vi</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 above "problem" list presents some common issues that arise in a pre-travel consultation but is **not** all-inclusive. Likewise, the list of allergies, hypersensitivities, and vaccine excipients is not comprehensive; providers should always check package inserts carefully. See CDC's *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the "Pink Book") and 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"), 13th edition, Appendix B, 2015.