

International Travel Medical Questionnaire

NAME: \_\_\_\_\_ UD ID # \_\_\_\_\_ DOB \_\_\_\_\_  
AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ Email: \_\_\_\_\_ Length of Stay (weeks): \_\_\_\_\_  
Date of Departure: semester (circle) fall winter spring summer Other Departure Date: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Itinerary (Countries): \_\_\_\_\_

**IMMUNIZATIONS**

- Yes No Have you ever fainted from having your blood drawn or from an injection? (6, 18)
- Yes No Have you ever had a fever reaction to vaccination?
- Yes No Have you ever had *any* bad reaction/side effect from any vaccination?
- Yes No Have you had Hepatitis A and/or B vaccine?  Hep A  Hep B  Hep A/B (Twinrix)
- Yes No 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? (11d, 17, 21)
- Yes No Do you have a family history of immunodeficiency? (17, 21)
- Yes No Have you received any injection of immune globulin or any blood product during the past 12 months? (13, 17, 21)

**GENERAL MEDICAL**

- Yes No Do you have a medical condition that warrants maintenance medications or physician follow-up? **Explain:** \_\_\_\_\_
- Yes No Do you have a medical condition that is stable now, but that may recur while traveling? **Explain:** \_\_\_\_\_
- Yes No Have you had a fever in the past 48 hours? (11, 14, 15b, 18, 20)
- Yes No Are you pregnant or might you become pregnant on this trip? (For other immunizations weigh the theoretical risk of vaccination against the risk of disease) (2, 3c, 5b, 11d, 13, 17, 20, 21, 22)
- Yes No Do you have AIDS, an AIDS like condition, any other immune disorder, leukemia, or cancer? (5b, 11d, 13, 16, 17, 20, 21, 22)
- Yes No Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome or thymoma? (22)
- Yes No Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder? **Any IM injection**
- Yes No Have you ever had a convulsion, seizure or epilepsy, neurologic condition or brain infection? (3f, 6)
- Yes No Do you have any stomach conditions? (3c, 3f, 20)
- Yes No Do you have a G6PD deficiency? (3a, 3h)
- Yes No Do you have severe renal impairment? (3e)
- Yes No Have you ever had hepatitis or yellow jaundice? (3f)
- Yes No Do you have a history of psychiatric problems?
- Yes No Do you have a problem with strange dreams and/or nightmares? (3f)
- Yes No Do you have insomnia? (3f)
- Yes No Do you have problems with vaginitis? (2)
- Yes No Do you have psoriasis? (3a)
- Yes No Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis (e.g., itchy, red, scaly rash lasting > 2 weeks that often comes and goes)? (17)
- Yes No Cardiac disease, with or without symptoms? (11d, 17)
- Yes No Do you have any eye condition (other than glasses)?
- Yes No Are you prone to motion sickness?

**MEDICATIONS: Are you taking or will you be taking:**

- Yes No Quinine, quinidine or medications for a cardiac conduction defect? (3f)
- Yes No Chloroquine, mefloquine or proguanil to prevent malaria? (5b, 20)
- Yes No Steroids, prednisone or cortisone or anti-cancer drugs? (11d, 13, 20, 21, 22)
- Yes No Antibiotics or sulfonamides? (5b, 20)
- Yes No Pepto-Bismol® to prevent traveler's diarrhea? (3c, 3j)
- Yes No Antacids? (3c, 3j)
- Yes No Oral contraceptives? (3c, 3j)
- Yes No Prescribed aspirin therapy? (11d, 21)
- Yes No Medications for emotional problems? (3f)
- Yes No Medications for convulsions? (3f)

