

Would you, please . . .

. . . fill in this form? Bring it with you when you come to the Travel Clinic. Thank you!

Identification

Name:
Sex:
Date of birth:
Street address:
City, State ZIP code:
Telephone: () -
e-mail address:

Allergies:

IMPORTANT! Please read this carefully, especially if you're not sure about an allergy: This question is only about allergies that you already know of.

Do you have any allergies that you *already know* that you have? yes no

If you *don't have allergies* that you already know of, please go on to the next question. If you *do know that you have allergies*, please circle them on the list below or write them in:

- | | |
|-----------------------|-----------------------|
| Egg allergy | Nerve protein allergy |
| Bread allergy | Penicillin allergy |
| Insect sting allergy | Streptomycin allergy |
| Mouse protein allergy | Sulfa drug allergy |
| Neomycin allergy | Thimerosal allergy |

Other drug allergy. What?
Other allergy. What?

Medical history

Medicines:

Are you taking . . .

| | | | |
|------------------------------------|-----|----|----------|
| Antacids or stomach medicine? | yes | no | not sure |
| Antibiotics? | yes | no | not sure |
| Anti-cancer drugs? | yes | no | not sure |
| Asthma or chest medicine? | yes | no | not sure |
| Birth control pills? | yes | no | not sure |
| Depression treatment medicine? | yes | no | not sure |
| Heart disease medicine? | yes | no | not sure |
| Hormone replacement for menopause? | yes | no | not sure |
| Iron? | yes | no | not sure |
| Steroids? | yes | no | not sure |
| Theophylline? | yes | no | not sure |
| Vitamins? | yes | no | not sure |

Please list **all** the drugs you are taking **here**:

Have you had hives (sometimes called "urticaria")? yes no not sure

Immunizations in the past:

Did you go to elementary school in the U.S.? yes no not sure
Did you serve in the U.S. military or the Peace Corps? yes no not sure

IMPORTANT! Call your mother, or your doctor, if necessary, to find out what immunizations you have received. Please bring copies of immunization records.

GO ON TO THE NEXT COLUMN, PLEASE

GO ON TO THE NEXT PAGE, PLEASE

Think about tetanus shots. Maybe you got your last shot when you had an injury. Maybe you got your first shots when you started school.

Did you get immunizations for DPT, Td, DT, or tetanus?
 yes no not sure
 If yes, did you get your last shot within the past ten years?
 yes no not sure
 If yes, did you get your last shot within the past five years?
 yes no not sure
 When did you get your last tetanus shot?
 Year: not sure

Did you get immunizations for polio? yes no not sure
 If yes, what kind? *This question is important.*
 oral shot both not sure
 If yes, did you get any in the past ten years?
 yes no not sure
 If yes, did you get any in the past five years?
 yes no not sure

Did you get immunization for measles? *These questions are about regular measles, hard measles, red measles, ten-day measles, or sarampion* **not** *about rubella, German measles, or three-day measles.*
 yes no not sure
 If yes, did you get immunized 1968 or later?
 yes no not sure
 If yes, did you get at least 2 shots after your first birthday?
 yes no not sure
 Did you ever have measles?
 yes no not sure

Did you get immunization for mumps? yes no not sure
 Did you ever get mumps? yes no not sure

Did you get immunization for rubella, German measles, or three-day measles? yes no not sure
 Did you ever have a blood test done that said that you were immune to rubella, German measles, or three-day measles?
 yes no not sure

This box has a question for women. The rest of this questionnaire is for everyone. Do you think you might ever have a baby in the future?
 yes no not sure

Think about chickenpox or varicella.

Did you ever have chickenpox or varicella yourself?
 yes no not sure
 Did you ever live in a household when someone else in the household got sick with chickenpox, varicella, shingles, or zoster?
 yes no not sure

Did you get immunization for chickenpox or varicella after 1990? yes no not sure
 Did you ever have shingles or zoster?
 yes no not sure

Did you ever get the shingles vaccine or zoster vaccine?
 yes no not sure
 If yes, when did you get the shingles vaccine or zoster vaccine?
 Year: not sure

Did you get the *Haemophilus influenzae* b conjugate vaccine? yes no not sure

Did you get meningococcal immunization after 1980?
 yes no not sure
 If yes, when was the last time? Year: not sure

Did you get influenza immunization? yes no not sure
 If yes, when was the last time? Year: not sure

Did you get pneumococcal immunization after 1977?
 yes no not sure

Did you get the Hepatitis B immunizations after 1980? *Do not confuse this with Hepatitis A. The Hepatitis B immunization series is 3 shots given over 6 months. The cost varies, but usually it is over \$100 for the 3 shots. Often health care workers get it.*
 yes no not sure
 If yes, did you get the full series of 3 or 4 hepatitis B shots?
 yes no not sure

Did you get yellow fever immunization? yes no not sure
 If yes, when was your last shot? Year: not sure

Did you get cholera immunization? yes no not sure
 If yes, when was your last shot? Year: not sure

Did you get typhoid immunization? yes no not sure
 If yes, what kind did you get?

pills shots both not sure
 If you got shots, which kind did you get?
 very painful & needed at least 2
 not very painful & needed just 1
 both
 not sure

If you had shots or pills, when was your last immunization? Year: not sure

If you had shots or pills, what kind was your last immunization?
 pills shots not sure

If your last one was shots, which kind did you get?
 very painful & needed at least 2

GO ON TO THE NEXT COLUMN, PLEASE

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Has a doctor told you that you have high blood pressure or heart disease? yes no not sure

If yes, what is the diagnosis?

If yes, are you taking any medicines for it?

yes no not sure

If yes, be sure you list all of the medicines on page 1.

Has a doctor told you that you have asthma or other lung disease? yes no not sure

If yes, what is the diagnosis?

If yes, are you taking any medicines for it?

yes no not sure

If yes, be sure you list all of the medicines on page 1.

Do you have liver disease? yes no not sure

Do you have kidney disease? yes no not sure

Do you have migraine headaches or a tremor (a shakiness)? yes no not sure

Are you taking any medicines for these problems?

yes no not sure

If yes, be sure you list all of the medicines on page 1.

Do you have convulsions, seizures, epilepsy, or other nervous system problems? yes no not sure

Are you taking any medicines to prevent seizures?

yes no not sure

If yes, be sure you list all of the medicines on page 1.

Do you have depression? yes no not sure

Do you have other mental illness or psychiatric problems?

yes no not sure

These questions are important because some antimalaria drugs can be dangerous if you have these problems.

Please list any other medical problems:

This box has questions for women. The rest of this questionnaire is for everyone:

Doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. Are you pregnant? Do you think you might get pregnant within three months of getting a shot or taking drugs? Are you breast-feeding? If so, you should check with a doctor before getting drugs or vaccines.

Are you pregnant? yes no not sure

Are you breastfeeding? yes no not sure

Do you think you might get pregnant in the next three months? yes no not sure

Do you think you might get pregnant during your trip or in the three months after the trip? yes no not sure

Family OR household health:

IMPORTANT! Please read this carefully: Please think about people who are **alive now AND** who **NOW** live with you **in your household**. Do any of them have:

- a problem with the immune system? yes no not sure
- leukemia? yes no not sure
- lymphoma? yes no not sure
- other cancer? yes no not sure
- a transplant yes no not sure

Think about these people some more. Are any of them now:

- on radiation therapy? yes no not sure
- taking steroids? yes no not sure
- taking anti-cancer drugs? yes no not sure
- taking other drugs that suppress immunity? yes no not sure

GO ON TO THE NEXT COLUMN, PLEASE

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Travel plans

Please list all the countries you plan to visit. List them in the order you plan to visit them. **For example: "USA to Brazil to Argentina to USA."** Include all countries, even if you are just changing planes at an airport.

If you have an itinerary or travel folder that lists your plans, look at it. **Bring it with you to the clinic.**

WRITE YOUR LIST HERE:

USA to:

How long will you be gone?

When will you be leaving Omaha?

When will you be leaving the USA?

Activities: What do you expect to do? Circle as many as apply.

Tourism

School program

Business

See a Peace Corps volunteer or missionary

See relatives and friends

Missionary work

Health clinic work or drawing blood

Construction work

Teach Bible

Adopt a child

Other teaching. What subject matter?

Have sexual contact with local people

Geology, archaeology, or anthropology field work. Or work with rodents.

Other:

Rural evenings and nights: Do you expect to spend time in rural areas in the evening or at night?

yes no not sure

Mosquitoes: Think about your chances of mosquito bites. Think about whether you will sleep in a screened area or under bed nets. Think about your outdoor activities, especially evenings and nights. How much mosquito exposure do you expect?

a lot some not much hardly any none not sure

GO ON TO THE NEXT COLUMN, PLEASE

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Animals: Circle your answer to this question: Do you expect to be bitten or scratched by stray dogs, local wild animals, or other animals on your trip?

No animal contact expected.

There is some possibility that I might have animal contact.

It's fairly likely that I might have animal contact.

Other. What?

Access to medical care: In some places, malaria is a problem. Even if you are very careful, you still might get malaria. If you think you have malaria, you need to get medical care. Often, they will want to prick your finger with a small needle to get a drop of blood. They can check that blood for malaria.

Think about where you are going. Will they have needles for pricking your finger that have been *sterilized reliably*?

certainly yes probably yes probably no no not sure

If you have doubt about whether they have *sterile* needles, would you like a prescription so you can buy some sterile needles and take your own in case they are needed? yes no not sure

What would you like?

Do you already have a list of immunizations, prescriptions, and questions that need to be taken care of? yes no not sure

If yes, what is the source of the list?

- Your own reading
- Trip or travel organizers
- School program, church, or missionary group
- Health department clerk
- Other:

IMPORTANT! Please read this carefully. Call us now (don't wait til your appointment) to talk things over IF:

- You are going to Asia AND you were told that you need yellow fever vaccine OR
- You were told that you need cholera vaccine OR

GO ON TO THE NEXT COLUMN, PLEASE

Food and water: Circle as many of the following as apply: What kind of travel do you expect?

All with good sanitation. Food and water only from reliable tourist hotels, reliable tourist restaurants, homes of reliable friends, homes of reliable relatives, or other reliable sources. **No** food from street vendors.

Possibly some food or water with questionable sanitation.

Possibly buy food from street vendors.

Much contact with food or water that may not meet U.S. standards.

- You are coming to Travel Clinic ONLY for yellow fever vaccine

Do you have any guides or immunization instructions? Please bring them with you. Please list what you need (immunizations, prescriptions, questions to be taken care of) here:

**Person answering questions on this form:
Date:**

Thank you! See you in the Clinic!