

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

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

Camping

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

GO ON TO THE NEXT PAGE, PLEASE

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

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

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.

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!