Travel Clinic Patient Questionnaire
Student Health Services

The Travel Clinic provides international travelers with information about the countries they are planning to visit, evaluates healthcare needs and risks, and provides immunizations and consultations. Students anticipating travel should make an appointment a minimum of eight (8) weeks before traveling to allow time for any counseling and administration of immunizations. Call 803-777-9511 (or 803-777-1448) for an appointment.

Please fill out this form and call to make an appointment. There is a charge for travel consultations and any charges for immunizations and medications. Several appointments may be needed. **Bring your immunization records with you to your travel consultation.**

Contact our Immunization coordinator by phone 803-777-9511 (or 803-777-1448)

Name: (please print)______________________________________________ Date of Birth: _____/____/____
Address: __________________________________________________________ Gender: Male Female
Home phone: __________________________ Work phone: ___________________________
Email address: ____________________________________________ Social Sec. #: __________________________

INFORMATION REGARDING TRAVEL PLANS
Date of departure: _____/____/____
List the countries in order to which you will be traveling: Length of stay:
____________________________________________
____________________________________________
____________________________________________
____________________________________________
Is your travel to: (circle one) urban areas / rural areas / urban and rural areas
What is the reason for travel? (pleasure, business, medical work, study abroad, etc)
_____________________________________________________________________________________________________
How did you hear about our services? ____________________________________________________________________

Have you ever had the following diseases or received vaccines for:

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>Chicken pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (or received two doses of measles vaccine)</td>
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<td></td>
</tr>
<tr>
<td>Mumps (or received mumps vaccine)</td>
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<td></td>
</tr>
<tr>
<td>Rubella vaccine (or received positive test for immunity)</td>
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<td></td>
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<tr>
<td>Are you currently being treated for cancer?</td>
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<td></td>
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<tr>
<td>Do you have a deficiency of the immune system?</td>
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</table>

Please list any existing medical conditions (heart disease, diabetes, etc):
_____________________________________________________________________________________________________

Please list all medications you are taking (prescriptions and over-the-counter):
_____________________________________________________________________________________________________

QUESTIONS FOR WOMEN

Are you pregnant, suspect you may be pregnant, or trying to become pregnant? YES NO

If pregnant, how many weeks?

__________ weeks

Are you breast feeding?

YES NO

If you are breastfeeding or pregnant, you must see your OB physician. We cannot administer immunizations to these individuals without a written order from the OB physician.
Note: Any problem listed below may be a contraindication or merely a precaution that warrants further discussion between the healthcare provider and patient. This list is not all inclusive, but is representative of common issues that arise in a pre-travel consultation.

**Immunizations**
- Have you ever fainted from having your blood drawn or from an injection?
- Have you ever had a fever reaction to vaccination?
- Have you ever had any bad reaction or side effect from any vaccination?
- Have you ever had the hepatitis A or B vaccine?
- Do you live (or work closely) with anyone who has AIDS, any AIDS-like condition, any other immune disorder, or who is on chemotherapy for cancer?
- Have you had a medical history of immune deficiency?
- Have you received any injection of immune globulin or any blood product during the past 12 months?

**General Medicine**
- Are you hypersensitive to gelatin?
- Latex?
- Glycerin or chlortetracycline?
- Yeast?
- Bee or other insect stings or history of hives or urticaria?
- 2-phenoxyethanol?
- Benzethonium chloride?
- Aminoglycoside antibiotics (streptomycin, neomycin, kanamycin, gentamicin)?
- Penicillin or sulfa?
- Aspirin therapy?
- Antacids?
- Medications for emotional conditions?
- Medications for convulsions?

**Allergies - Are you allergic to:**
- Quinine, quinidine or medications for cardiac conduction defect?
- Chloroquine, mefloquine or progualin to prevent malaria?
- Steroids, prednisone, cortisone, or anti-cancer drugs?
- Antibiotics or sulfa?
- Pepto-Bismol to prevent traveler’s diarrhea?
- Antacids?
- Oral contraceptives?
- Aspirin therapy?
- Medications for emotional conditions?
- Medications for convulsions?

**Medications - Are you taking or will you be taking:**
- Quinine, quinidine or medications for cardiac conduction defect?
- Chloroquine, mefloquine or progualin to prevent malaria?
- Steroids, prednisone, cortisone, or anti-cancer drugs?
- Antibiotics or sulfa?
- Pepto-Bismol to prevent traveler’s diarrhea?
- Antacids?
- Oral contraceptives?
- Aspirin therapy?
- Medications for emotional conditions?
- Medications for convulsions?

**Immunizations**

<table>
<thead>
<tr>
<th>CIRCLE</th>
<th>CONTRAINDICATION</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
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The statements above are true to the best of my knowledge. Signed ________________________________ Date _________________