**PLEASE ONLY COMPLETE HIGHLIGHTED AREAS**

**INTERNATIONAL TRAVEL SCREENING**

**Name: SSN:**

**Date**: **Age**: **Sex**: **Travel Dates**:

**Cities and Countries Visiting;**

**Specific activities you will be engaging in during your travel?**

**Prior Travel in the developing world**?

**If yes, when and where**.

**Status**: Active Duty Retired Family Member DOD Civilian Non DOD Civilian

**Purpose**: Military PCS Pleasure Business Humanitarian Aid

**Affiliation**: USN USMC USA USAF USCG PHS

**Travel Areas**: Urban ( ) Rural ( ) Both ( )

**Accommodations (**Circle all that apply):

Hotel Private Residence Navy Ship/Barracks Dormitory

Safari Lodge Outdoor Camping Cruise Ship Other

**SIGNIFICANT MEDICAL HISTORY**:

Chronic Respiratory Diseases: Yes No Type

Cardiac Diseases: Yes No Type

Seizure or Neurologic Diseases: Yes No Type

Gastric Disease (include H2 Blockers and PPI): Yes No Type

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Psychiatric Disease: Yes No Type

Egg Sensitivity: Yes No Type

Prior HX Hepatitis/Jaundice: Yes No Type

Allergies: Yes No Type

Pregnant: Yes No N/A

Breast Feeding: Yes No N/A

Other Medical Problems:

Current Medications:

**PRECAUTIONS ADVISED: (Circle)**

Foods/Beverages Water/Ice Vegetables/Fruits Meats Dairy Products

Seafood Insect/Vector Avoidance DEET Mosquito Netting Area Insecticides Proper Clothing Permethrin High Altitude Illness HIV/STD Avoidance Jet Lag Vehicular Safety/Injuries Animal Contact (Rabies risk)

Heat Stress Injuries Post Travel Illness Travel Insurance

**DIARRHEA PRECAUTIONS:**

Self Medication with appropriate instructions prescribed. ( ) Yes ( ) No

Medication: Loperamide (Imodium) Levofloxacin (Levaquin)

(Record # ordered) Azithromycin (Zithromax) Other

**Continued on other side**

**Name: SSN:**

**MALARIA PRECAUTIONS:**

( ) Not a malarious region

( ) Malarious region, but traveling to a non-risk area

( ) Malarious region, but short-term or minimal exposure; chemoprophylaxis not given

( ) Malaria risk (Chloroquine sensitive region)

( ) Malaria risk (Chloroquine resistant region)

Antimalarial Rx (record # ordered): Consider if terminal prophylaxis with primaquine is required.

Chloroquine \_\_\_\_\_\_\_\_\_\_\_ Mefloquine (Lariam) \_\_\_\_\_\_\_\_\_\_\_

Doxycycline \_\_\_\_\_\_\_\_\_\_\_ Primaquine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The patient was educated on the signs and symptoms of malaria. He/She was advised to seek medical care at the first sign of fever, flu-like illness during or after travel and to advise their physician of travel in a malarious area.

**IMMUNIZATIONS/ADDITIONAL EVALUATION**

**SHORT TERM PROTECTION (< 30 Days):**

Hepatitis A Rx Up To Date Not Indicated

Meningococcal Rx Up To Date Not Indicated

Polio (IPV) Rx Up To Date Not Indicated

Typhoid VI (Inj) Rx Up To Date Not Indicated

Yellow Fever Rx Up To Date Not Indicated

**LONG TERM PROTECTION (> 30 Days)**

Hepatitis B Rx Up to Date Not Indicated

Japanese Encephalitis Rx Up To Date Not Indicated

Rabies Rx Up To Date Not Indicated

**Health Maintenance and Other Immunizations \*\*Also may be travel related risks\*\***

Anthrax Rx Up To Date Not Indicated

Influenza Rx Up To Date Not Indicated

MMR Rx Up To Date Not Indicated

Pneumococcal Rx Up To Date Not Indicated

Tetanus/Diphtheria (Td) Rx Up To Date Not Indicated

Varicella Rx Up To Date Not Indicated

PPD Baseline Test RX Up To Date Not Indicated

Lab Tests (**Date if ordered and results**) HIV: G6PD:

MMR Titer: Varicella Titer: HAV AB Titer: HBV AB Titer:

Other Vaccines or Lab:

**COMMENTS:**

I have been provided and counseled with travel information pertinent to my destination. I have read and understand the information and will comply with travel recommendations.

Patient/Guardian Signature:

OH Nurse/Prev Med Tech:

Physician’s Signature and Stamp: