

International Travel Medical Questionnaire: Please fill out all questions completely prior to your appointment.

Patient Name: _____
Last Name (Family Name) First Name (Given Name) (MI)

Date of Birth: _____ Age: _____ Approximate Weight: _____

If traveling for business:

Company: _____

1. **Travel Itinerary:** Departure Date: _____ Return Date: _____

Please list in EXACT order of Travel:

Country	All Destinations	Length of Stay	Rural Travel	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

2. **Purpose of Travel (Circle ALL that apply):** Business Vacation Adoption Pilgrimage to Mecca Medical Volunteer
Missionary Other: _____

3. **Accommodations:** Private Home Camp/Tent/Cabin Modern Hotel With Local Family Youth Hostel
With Relatives Cruise Ship

4. **Planned Activities (Circle ALL that apply):** Caving Safari Working in Medical/Dental Field Working with animals/birds
Outdoor Activity (i.e. camping/hiking) Snorkeling/Scuba Diving Other: _____

5. **Staying in area which is (Circle ALL that apply):** Urban Rural High Altitude Other: _____

6. **Does your trip involve ascending >8,000 feet not including your airplane flight?** ___ Yes ___ No If yes, how many times? ___

7. **Traveling (Circle best response):** Alone With Family/Friend In Group Other: _____

8. **Have you ever had any reaction to a vaccine?** Yes No

9. **Are you pregnant or plan on becoming pregnant in the next 3 months?** Yes No

Note: If live vaccines are recommended (MMR, Yellow Fever, Varicella), it is advisable not to get pregnant for 4 weeks after receiving the vaccine.

Linn County Public Health request that you bring documentation of all of your past vaccinations to your appointment. It is requested that you bring any paperwork sent to you per your travel agent or group representative that is working on your trip. This will help to expedite your appointment time and ensure that proper medications and vaccines are given.

To the best of my knowledge, the above information is correct.

Signature: _____ Date: _____