Travel Evaluation Patient Worksheet

Destination: ____________________  City ☐  Resort ☐  Rural ☐
Departure Date: _________________  Length of Stay: _________________

Purpose of Trip

☐ Living/Working or study abroad (Light activities)
☐ Tourism/leisure recreation (Moderately strenuous activities)
☐ Adventure Recreation (Very Strenuous)
☐ Visiting Friends or Relatives
☐ Business

Accommodations

☐ Luxury hotel/resort
☐ Budget Hotel/Hostel
☐ Camping/Rustic Hut/Cabin
☐ Private Home

Medical conditions

☐ Asthma
☐ Seizures
☐ Leukemia
☐ Lymphoma
☐ Diabetes
☐ HIV Positive
☐ Heart Disease
☐ Cancer
☐ Immune Deficiencies
☐ High Blood Pressure
☐ Kidney/Liver Disease
☐ Psychiatric Disease
☐ Eating Disorder
☐ Other

Prior Immunizations dates

☐ Hepatitis A _______
☐ Hepatitis B _______
☐ Tetanus _______
☐ Typhoid _______
☐ Influenza _______
☐ Polio _______
☐ Yellow Fever _______
☐ Japanese Encephalitis _______
☐ Meningitis _______

Past medical and surgical history: __________________________________________

Current Medical Issues: __________________________________________________

Current Medications and Dosages: __________________________________________

Restriction of your activities during the past 3 years: ______________________________

Dental Exam within the past 6 months:  YES   NO

Do you wear corrective eyewear? YES NO  Do you have a backup pair: YES   NO

Do you wear Contact Lens? YES NO

Do you have allergies to Medications, Foods (i.e. eggs), vaccinations or bee stings? YES   NO

Please Specify: __________________________________________________________

Will you be traveling above 8000 feet elevation during your trip? YES NO