



Travel Clinic 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
- Campus housing

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

- COVID-19 _____
- 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 Wear Contacts? Yes/No

Allergy to Medications, foods (i.e. eggs), vaccinations or bee stings?

Please specify: _____

Will you be traveling above 8000 feet elevation on land? Yes/ No