SATS Urgent Care

TRAVEL MEDICINE QUESTIONNAIRE

PLEASE PRINT

Legal Name of Traveler:				
Gender:	D.O.B.		Birthplace:	
Primary Care Physician:				

ITINERARY

Departure Date:	Return Date:	Length of Trip:

PURPOSE OF TRAVEL

☐ Business ☐ Vacation	☐ Field Worked ☐ Diving	☐ Relocation ☐ Safari	☐ Teaching/Study ☐ Climbing	☐ Missionary Work ☐ Other

TYPE OF TRAVEL

☐ Group/Tour ☐ Flexible Itinerary	☐ Independent ☐ Cruise	☐ Fixed Itinerary ☐ Other

ACCOMMODATIONS

☐ Compound	☐ Hotel Resort	☐ Private Home	☐ Cruise Ship	☐ Other

DESTINATION. INCLUDING AIRPORT STOPOVERS. LIST IN ORDER OF TRAVEL:

Country	City	Duration	Urban (X)	Rural (X)

HEALTH HISTORY

Do you have myasthenia gravis? ☐ Yes ☐ No

Do you have, or had, thymoma or thymus gland removal? ☐ Yes ☐ No

Are you prone to motion sickness? ☐ Yes ☐ No

Do you have an International Certificate of Vaccination (Yellow Card)? ☐ Yes ☐ No

Have you ever fainted or had an adverse reaction to any of the following? ☐ Yes ☐ No

Vaccines: ☐ Yes ☐ No | Bee Stings: ☐ Yes ☐ No | Blood Draws: ☐ Yes ☐ No

Do you have cancer, leukemia, AIDS, rheumatoid arthritis, lupus or other immune system problems? ☐ Yes ☐ No

Do you take Cortisone, prednisone, other steroids, anti-cancer drugs or have had radiation therapy? ☐ Yes ☐ No

Have you received a blood transfusion, blood products or immune globin in the past year? ☐ Yes ☐ No

Have you had any immunizations in the past 4 weeks? ☐ Yes ☐ No

If yes, please explain:

MEDICATIONS (LIST ALL MEDICATIONS, INCLUDING DOSAGES)

Prescription	Non-Prescription

List medical conditions you have:

Previous Surgery:

Do you have a history of the following:

Nightmares: ☐ Yes ☐ No | Psoriasis: ☐ Yes ☐ No | Seizure/Epilepsy: ☐ Yes ☐ No

Psychiatric Disorders/Depression: ☐ Yes ☐ No | Stomach/Colon Problems: ☐ Yes ☐ No

Women:

Pregnant: ☐ Yes ☐ No | Planning pregnancy within 3 months: ☐ Yes ☐ No | Nursing: ☐ Yes ☐ No

I verify that the above information is complete and correct to the best of my knowledge:

Signature _____ Date _____

PLEASE BRING YOUR TRAVEL CARD OR IMMUNIZATION RECORD TO YOUR VISIT.