



Patients Name _____ Ph# _____ PCP _____

QUESTIONS FOR PERSONS PREPARING FOR FOREIGN TRAVEL

1. When are you traveling, and how long will you be at each location? _____
2. Where are you traveling? _____
3. In what countries will you be traveling? _____
4. Where within the country or countries will you be traveling? _____
5. Are these destinations urban, rural or both? Urban Rural Both (circle one)
6. What are the conditions of your lodging (such as hotel with air conditioning, screened cabin, or open-air tents)? _____
7. What activities will you be doing while traveling (such as hiking, backpacking, scuba diving, sightseeing, etc.)? _____

8. Have you traveled internationally in the past? Yes No (circle one)
9. Where did you go? _____
10. When did you travel? _____
11. How old were you? _____
12. What vaccinations have you had previously? _____

13. How many doses did you have of a particular vaccine? (For example: some vaccines, such as hepatitis A & B vaccines or the measles/mumps/rubella—MMR—vaccine, require multiple doses for long-term protection) _____
14. Did you have any allergies or reactions to any previous vaccines? Yes No (circle one)
If yes, please explain: _____

PLEASE SEE REVERSE SIDE

15. Do you have any other allergies (for example, medications, foods, or environmental)?
 Yes No (circle one) If yes, please list _____

16. In particular, do you have an allergy to eggs, latex, yeast, mercury, or thimerosal?
 Yes No (circle one) If yes, please list _____

17. What is your medical history and current health status (For example: past illnesses and surgeries, chronic health problems, or other underlying medical conditions)? _____

18. What medications are you currently taking or have you taken in the past 3 months?

19. Are you immune deficient? Yes No (circle one)
20. If you are a female:
- Are you pregnant now? Yes No (circle one)
 - Are you trying to become pregnant, or will you try to become pregnant in the next 3 months? Yes No (circle one)
 - Are you breastfeeding? Yes No (circle one)

I understand that I am responsible for the cost of all vaccines. If I miss my appointment and do not reschedule within 30 days, I will be billed for the cost of all vaccines that were recommended and ordered for me.

I have read and agree with the above: _____
Signature Date

Please return this completed form to : Pat Herman, LPN
 Immunization Coordinator
 Saltzer Medical Group
 215 E. Hawaii Ave.
 Nampa, ID 83686

You will be called and scheduled for an appointment with the Foreign Travel Vaccine Department.
 If you have any questions concerning this form please contact Pat Herman at (208) 463-3170.