International Travel Medical Questionnaire–2010

NAME: _____ AGE:_____ WEIGHT (approx.):_____ SEX:_____

ITINERARY: _____

DATE: _____ DATE OF DEPARTURE:_____

Immunizations	**Yes**	**No**	**Problem***
Have you ever fainted from having your blood drawn or from an injection?	☐	☐	
Have you ever had a fever reaction to vaccination?	☐	☐	*any vaccine, especially those containing tetanus-diphtheria*
Any bad reaction/side effect from any vaccination?	☐	☐	
Have you ever had hepatitis A or B vaccine?	☐	☐	
Do you live (or work closely) with anyone who has AIDS, an AIDS-like condition, any other immune disorder, or who is on chemotherapy for cancer?	☐	☐	*varicella, smallpox, FluMist, influenza, H1N1 (intranasal), MMRV, Zostavax*
Do you have a family history of immunodeficiency?	☐	☐	*varicella, smallpox, MMRV, Zostavax*
Have you received any injection of immune globulin or any blood product during the past 12 months?	☐	☐	*varicella, measles-containing vaccine, smallpox, MMRV, Zostavax*
General Medical	**Yes**	**No**	**Problem***
Do you have a medical condition that warrants maintenance medications or physician follow-up?	☐	☐	
Do you have a medical condition that is stable now, but that may recur while traveling?	☐	☐	
Do you have asplenia?	☐	☐	
Have you had an acute illness or a fever in the past 48 hours?	☐	☐	
Are you pregnant or might you become pregnant on this trip?	☐	☐	*MMR, oral typhoid, smallpox, varicella, MMRV, yellow fever, FluMist, influenza H1N1 (intranasal), HPV, Zostavax, BCG, JE, doxycycline and other antibiotics. For other vaccines weigh theoretical risk of vaccination against risk of disease.*
Are you breast feeding?	☐	☐	*smallpox, yellow fever*
Do you have AIDS, an AIDS-like condition, any other immune disorder, leukemia, or cancer?	☐	☐	*MMR, oral typhoid, smallpox, rabies, varicella, yellow fever, FluMist, influenza H1N1 (intranasal), MMRV, Zostavax, rotavirus*
Have you had your thymus gland removed or a history of problems with your thymus, such as myasthenia gravis, DiGeorge syndrome, or thymoma?	☐	☐	*yellow fever*
Do you have severe thrombocytopenia (low platelet count) or a coagulation disorder?	☐	☐	*any intramuscular injection*
Have you ever had a convulsion, seizure, epilepsy, neurologic condition, or brain infection?	☐	☐	*mefloquine, DTaP, Tdap, MMRV*
Do you have any stomach conditions?	☐	☐	*oral typhoid, mefloquine, doxycycline, Malarone, chloroquine, rotavirus*
Do you have a G6PD deficiency?	☐	☐	*chloroquine, primaquine*
Do you have severe renal impairment?	☐	☐	*Malarone*
Bowel condition such as diarrhea or constipation?	☐	☐	*rotavirus*

Do you have congenital malformation of the GI tract or chronic GI disorder?	☐	☐	*rotavirus*
Have you ever had hepatitis or yellow jaundice?	☐	☐	
Do you have a history of psychiatric problems?	☐	☐	*mefloquine*
Do you have a problem with strange dreams and/ or nightmares?	☐	☐	*mefloquine*
Do you have insomnia?	☐	☐	*mefloquine*
Do you have problems with vaginitis?	☐	☐	*any antibiotic*
Do you have psoriasis?	☐	☐	*chloroquine or related compounds*
Have you or a member of your household ever been diagnosed with eczema or atopic dermatitis?	☐	☐	*smallpox*
Do you have cardiac disease, with or without symptoms?	☐	☐	*smallpox, FluMist*
Do you have any eye conditions?	☐	☐	
Are you prone to motion sickness?	☐	☐	
Do you have asthma or wheezing?	☐	☐	*influenza H1N1 (intranasal)*
Medications	**Yes**	**No**	**Problem***
ARE YOU TAKING OR WILL YOU BE TAKING:			
• quinine, quinidine, or medications for a cardiac conduction defect?	☐	☐	*mefloquine*
• chloroquine, mefloquine, or proguanil to prevent malaria?	☐	☐	
• proguanil to prevent malaria?	☐	☐	*oral typhoid*
• steroids, prednisone, or anti-cancer drugs?	☐	☐	*MMR, oral typhoid, varicella, yellow fever, FluMist, influenza H1N1 (intra-nasal), MMRV, Zostavax*
• antibiotics or sulfonamides?	☐	☐	*oral typhoid*
• Pepto-Bismol® to prevent traveler's diarrhea?	☐	☐	*doxycycline, tetracycline*
• antacids?	☐	☐	*doxycycline, tetracycline*
• oral contraceptives?	☐	☐	*doxycycline, tetracycline*
• aspirin therapy? (children & adolescents)	☐	☐	*varicella, FluMist, influenza H1N1 (intranasal)*
• medications for emotional problems?	☐	☐	*mefloquine*
• medication for convulsions?	☐	☐	*mefloquine*
Allergies†	**Yes**	**No**	**Problem***
ARE YOU ALLERGIC TO:			
• *any* medications?	☐	☐	
• amphotericin B?	☐	☐	*rabies (PCEC)*
• penicillin or sulfa?	☐	☐	*Diamox, Fansidar, penicillin, sulfa*
• mercury or thimerosal?	☐	☐	*See Table THIM-1.*
• streptomycin?	☐	☐	*IPV*
• gentamicin?	☐	☐	*FluMist, Fluarix, influenza H1N1 (intranasal)*

• neomycin?	☐	☐	*Hep A (Havrix), Hep A/B, influenza (Afluria, Fluviron, Agriflu), IPV, MMR, rabies, varicella, Zostavax, MMRV, Pediarix, smallpox, Kinrix, Pentacel, influenza H1N1 (CSL, Novartis)*
• polymyxin?	☐	☐	*influenza (Fluvirin, Afluria), IPV, Pediarix, smallpox, Kinrix, Pentacel, influenza H1N1 (CSL, Novartis)*
• kanamycin?	☐	☐	*Agriflu*
• sulfites?	☐	☐	*doxycycline*
• protamine sulfate?	☐	☐	*Ixiaro*
• aluminum or aluminum hydroxide?	☐	☐	*Hep A, Hep B, Hep A/B, Comvax, DTaP, Td, rabies (RVA), anthrax, PCV, Tdap, TBE, HPV, Kinrix, Pentacel, Ixiaro*
• benzethonium chloride?	☐	☐	*anthrax*
• 2-phenoxyethanol?	☐	☐	*Hep A (Havrix), Hep A/B, IPV, DTaP (Infnarix, Pediarix), Tdap (Adacel), Pentacel*
• bee stings or history of hives or urticaria?	☐	☐	*JE-VAX*
• yeast?	☐	☐	*Hep B, Hep A/B, Pediarix, Comvax, PCV, oral typhoid, Gardasil*
• eggs, ovalbumin, or chicken protein?	☐	☐	*influenza (seasonal), rabies (PCEC), yellow fever, MMR, MMRV, TBE, influenza (H1N1)*
• chlortetracycline?	☐	☐	*rabies (PCEC)*
• latex?	☐	☐	*Consult package insert.*
• Are you hypersensitive to gelatin?	☐	☐	*varicella, JE-VAX, MMR, DTaP, yellow fever, rabies (PCEC), influenza (Fluzone, FluMist), oral typhoid, MMRV, Zostavax, influenza H1N1 (intranasal)*
• Are you hypersensitive to soy?	☐	☐	*PCV*
• Are you hypersensitive to lactose?	☐	☐	*Menomune, oral typhoid, Hiberix*

* Note: *Any "problem" listed above may be a contraindication or merely a precaution that warrants further discussion between the health care provider and patient. The "problem" list is not all-inclusive but is representative of common issues that arise in a pre-travel consultation.*

† Not all-inclusive. Check package inserts and also see CDC "Pink Book" (Appendix B for a complete list of vaccine excipients.

BASED ON: Manufacturer package inserts; CDC: *Epidemiology and Prevention of Vaccine-Preventable Diseases*, 11th edition, Appendix B, 2009.