



## Urgent Care

### TRAVEL VACCINE QUESTIONNAIRE

5430 Military Trail Suite 64, Jupiter Florida 33458

Ph: 561-263-7011 Fax: 561-776-3998

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Gender  Male  Female Country of Birth: \_\_\_\_\_

Countries traveling to, in order of travel (note specific cities/regions):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Departure Date \_\_\_\_\_ Length of Stay \_\_\_\_\_

Visiting family or friends? \_\_\_\_\_

Animal contact on trip? What kind of animal? \_\_\_\_\_

Adventurous dietary habits? \_\_\_\_\_

Cruise  Yes  No

Safari  Yes  No

Swimming  Yes  No

Diving  Yes  No

Hiking  Yes  No

Rafting  Yes  No

Biking  Yes  No

Camping  Yes  No

Cave Exploring  Yes  No

Other information to note: \_\_\_\_\_

Reason for Travel: \_\_\_\_\_

Health Care Worker or Volunteer? \_\_\_\_\_

Solo Traveler? \_\_\_\_\_

Past Immunizations: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies to Food: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

**Women only:**

Are you pregnant or might you become pregnant on the trip?  Yes  No

Date of last menstrual period: \_\_\_\_\_

**HIGH RISK TRAVELERS**

On your trip will you Take part in the following activities:

Acupuncture  Yes  No

Tattoo  Yes  No

Surgery  Yes  No

Dental Work  Yes  No

Drug Use  Yes  No

New Sexual Partner  Yes  No

Signature of Traveler \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_