

TRAVEL CLINIC

For a safe and healthy trip, please schedule your 30 minute travel consult appointment at least 4-6 weeks before departure. We provide a country specific travel packet including food/water/insect precautions/health and safety, travel vaccines needed, and prescriptions if needed.

Please expect 1-2 visits, first visit with travel nurse who will review your immunizations, travel plans and give basic travel information, and a second visit with a clinician if a prescription is needed.

- Please complete Travel Consult Questionnaire
- **Bring all your immunization records to the appointment**
- Vaccines available at the clinic:
 - Hepatitis A and B
 - Influenza
 - Menactra (meningitis)
 - MMR
 - Polio
 - Td (tetanus)
 - Tdap (tetanus/diphtheria/acellular pertussis)
 - Typhoid (injection, lasts for 2 years)
 - Typhoid (oral, lasts for 5 years) prescription

Call appointment desk (408) 924-6122 for an appointment and fees.

TRAVEL CONSULT QUESTIONNAIRE

Name: _____ Date: _____
Student ID#: _____

Medical History: Please circle "Yes" or "No" to the following questions:

1. Have you ever had reactions to immunizations/travel vaccines? Yes or No
2. Do you have any allergies to the following items? (Check all that apply)
 Eggs Neomycin Antibiotics Mercury (thimerosal) Vaccines Bee Stings
3. Are there any other drugs to which you have had an allergic reaction? (Please list) _____

4. Are you being treated for leukemia, lymphoma, cancer or any other malignant disease? Yes or No
5. Do you have or live with someone with a history of immune system deficiency? Yes or No
6. Do you have a history of anemia or any other blood disorder? Yes or No
7. Do you have G6PD deficiency? Yes or No
8. Do you have any existing medical condition such as diabetes, heart disease or pulmonary disease?
(If Yes, please list) _____
9. Do you have any history of kidney disease? Yes or No
10. Do you have any history of psychiatric disorder? Yes or No
11. Do you have a history of seizures? Yes or No
12. List all the medications you are taking: _____

WOMEN ONLY

13. Are you pregnant, suspect you may be pregnant or trying to become pregnant? Breast feeding? Yes or No

Reasons for travel: Education Pleasure Research Volunteer (i.e., medical)

TRAVEL INFORMATION: Departure Date: _____ Return Date: _____

15. Please indicate; in order of travel the countries and cities you are traveling to:

<u>Destination (City/ Country)</u>	<u>Where will you stay?</u>	<u>Length of Stay</u>	<u>Rural Travel or Camping?</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any side or day trips planned: _____

Will you be traveling above 8,000 feet? Yes or No

Do you plan to scuba dive? Yes or No

PLEASE BRING YOUR IMMUNIZATION RECORDS TO YOUR APPOINTMENT!