

**PART 1**

NAME:			DATE OF CLINIC VISIT:		
DATE OF BIRTH:		AGE:	LAST FOUR OF SSN:		
PRIMARY PHYSICIAN:			HOME TELEPHONE:		
HOME ADDRESS:	Street:		WORK TELEPHONE:		
	City:	State:	Zip:	EMAIL ADDRESS:	

**MEDICAL HISTORY UPDATE**

Have you had any new medical illnesses, allergies, change in medications, new vaccinations, or other problems since your last visit and if so, what were they?

COUNTRIES TO BE VISITED	ARRIVAL DATE	DEPARTURE DATE

TYPE OF TRAVEL FOR THIS TRIP	<input type="checkbox"/>	Urban/ City	<input type="checkbox"/>	Adventure	<input type="checkbox"/>	Mission Work	<input type="checkbox"/>	Visiting Family
	<input type="checkbox"/>	Rural	<input type="checkbox"/>	Business	<input type="checkbox"/>	Relocating	<input type="checkbox"/>	

**All professional services rendered are charged to the client with the exception of corporate accounts with prior payment arrangements. Many insurance companies do not cover vaccinations. We therefore require payment at the time of service.**

**You will receive a copy of your bill that you can submit to your insurance company for proper reimbursement.**

**I have read and agree to the above conditions:**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**PART 2**

IMMUNIZATION RECOMMENDATIONS		COUNSELING	Yes No
Immunization	O A D V <sup>1</sup>	Counseled on insect precautions	<input type="checkbox"/> <input type="checkbox"/>
Tetanus/Diphtheria (Td/ Tdap)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Counseled on accident prevention	<input type="checkbox"/> <input type="checkbox"/>
Polio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Counseled on traveler's diarrhea/ safe eating	<input type="checkbox"/> <input type="checkbox"/>
Typhoid (oral/ Vi)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Counseled on altitude sickness	<input type="checkbox"/> <input type="checkbox"/>
Hepatitis A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Hepatitis B	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Client deferred counseling	<input type="checkbox"/> <input type="checkbox"/>
Twinrix	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RECOMMENDATIONS/ MISCELLANEOUS	
Yellow Fever	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Meningococcal (Menomune/ Menactra)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Japanese Encephalitis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Measles/Mumps/Rubella	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<sup>1</sup> O= Offered to client; A=Accepted by client; D=Declined by client;	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	V= Vaccine information sheet given to client	

**PRESCRIPTIONS GIVEN**

Malaria Prophylaxis		Traveler's Diarrhea	Miscellaneous
<input type="checkbox"/>	Aralen 500 mg # _____	<input type="checkbox"/>	Cipro 500 mg # _____
<input type="checkbox"/>	Lariam 250 mg # _____ <input type="checkbox"/> Lariam MedGuide given to client	<input type="checkbox"/>	Azithromycin # _____
<input type="checkbox"/>	Malarone 250/100 # _____	<input type="checkbox"/>	Bactrim DS # _____
<input type="checkbox"/>	Doxycycline 100 mg # _____	<input type="checkbox"/>	Xifaxan 200 mg # _____
<input type="checkbox"/>	No travel to malaria endemic area	<input type="checkbox"/>	
<input type="checkbox"/>	Client deferred prescription for malaria prophylaxis	<input type="checkbox"/>	Client deferred prescription for traveler's diarrhea treatment
		<input type="checkbox"/>	Client deferred prescription for sleep agent medication