



TIPPECANOE COUNTY

HEALTH DEPARTMENT

Tippecanoe County Health Department

Nursing

629 North 6th Street ~ Lafayette Indiana 47901

Phone: (765) 423-9767

Fax: (765) 423-9797

Pre-Travel Questionnaire Form

(Please Print Clearly)

This form is to be completed to obtain patient, vaccine, and destination information for the travel appointment.

Section A- Traveler Information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: ____ Gender: ☐ M ☐ F Email: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Doctor/Primary Care Provider Names: _____

Provider Address: _____

Provider Phone Number: _____ ☐ **I do not have a primary care provider**

Section B- Medical History

List all prescriptions and over-the counter medications you are currently taking: _____

Drug Allergies? ☐ Yes ☐ No If yes, list: _____

Other Allergies (food)? ☐ Yes ☐ No If yes, list: _____

Anaphylactic Reaction? ☐ Yes ☐ No If yes, list: _____

Have you had an adverse reaction to anti-malarial? ☐ Yes ☐ No If yes, list which one: _____



TIPPECANOE COUNTY

HEALTH DEPARTMENT

Tippecanoe County Health Department

Nursing

629 North 6th Street ~ Lafayette Indiana 47901

Phone: (765) 423-9767

Fax: (765) 423-9797

Medical Conditions	Yes	No
1. Do you have any long term medical conditions (e.g. diabetes, multiple sclerosis, epilepsy)?		
2. Do you have any history of thymus disorders or dysfunction (e.g. thymus removal, myasthenia gravis)?		
3. Do you have any heart conditions or arrhythmias?		
4. Do you have a history of depression, anxiety, or other psychiatric conditions?		
5. Do you have any immune-compromised (e.g. chemotherapy, radiation, or high-dose steroids in the past two years)?		
6. Do you have a history of psoriasis?		
7. History of heartburn or acid reflex?		
8. Do you have history of kidney or liver problems?		
9. Are you breastfeeding or could you be pregnancy/intend to become pregnant in the next three months? * Females receiving live vaccines should not become pregnant for three months.		
10. Other Medical Conditions? _____		

Section C- Travel Itinerary:

Countries Traveling To (In Order)	City or Region	Length of Stay (Days)

Accommodations: ☐ Hotel/Hostel ☐ Private Home ☐ Camping ☐ Other _____

Do you plan to visit rural areas? ☐ Yes ☐ No

I would define my trip as? ☐ Business ☐ Volunteer/Mission ☐ Vacation ☐ Visiting Family



TIPPECANOE COUNTY

HEALTH DEPARTMENT

Tippecanoe County Health Department

Nursing

629 North 6th Street ~ Lafayette Indiana 47901

Phone: (765) 423-9767

Fax: (765) 423-9797
