

Family Travel Vaccine Planner

Your Name _____

Emergency Contact - someone who will know how to contact you while you are gone or someone you may be in contact with when you are traveling.

Name: _____
Address: _____
City, State, Zip _____
Phone: _____
Email: _____

Your email address: _____

How much access will you have to your email while traveling?

☐ none ☐ intermittent ☐ frequent

Travel Itinerary

List all the countries on your itinerary in the order you will be visiting:

Country	Date arriving in country	Date leaving the country
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Use back of form for more countries	_____	_____

Visiting areas outside major cities? ☐ Yes ☐ No

Reason for Travel:

- ☐ MSU Business
☐ Vacation
☐ Other-please explain

Accommodations:

- ☐ Host family
☐ Camp
☐ Hotel
☐ Other-please explain

List family members traveling and complete following page for EACH family member

Name	Date of Birth	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Family member _____

Travel History

Has this person traveled in the past? ☐ Yes ☐ No

If yes, what countries?

Year	Countries

Did they encounter any difficulties?

☐ Traveler's Diarrhea

☐ Altitude Sickness

☐ Jet Lag

☐ Air Sickness

☐ Malaria ☐ Other, please explain.

Health History:

History of:

Immune Disorders

☐ Yes

☐ No

Hepatitis Disease

A

☐ Yes

☐ No

B

☐ Yes

☐ No

C

☐ Yes

☐ No

Chronic illnesses or major surgeries, for example, diabetes, seizure disorder, high blood pressure, splenectomy, bleeding disorders, coronary bypass, stomach surgery etc.

☐ Yes

☐ No

If yes, list.

Have they ever had a TB test?

☐ Yes

☐ No

If yes, when? _____

Was there a reaction?

☐ Yes

☐ No

If yes, how large? _____ mm.

Allergies to:

Thimerosal ☐ Yes ☐ No

Insects ☐ Yes ☐ No

Neomycin ☐ Yes ☐ No

Yeast ☐ Yes ☐ No

Eggs ☐ Yes ☐ No

Females only:

First day of last menstrual period

Are you pregnant now?

☐ Yes

☐ No

☐ NA

Other Allergies to Food and Drugs

Current Medications, including over the counter medications

Attach immunization record and bring to travel appointment.