



Michael W. Lynch
MD, FACP, DTM&H
Certificate of Knowledge
In Tropical Medicine and
Travelers Health

Reporting of Travel Related Illness in:
*Foreign visitors *Returning Travelers *Immigrants

OUR FINANCIAL POLICY HAS CHANGED EFFECTIVE 01/01/2010

Fresno International Travel Medical Center is no longer contracted with Medicare or Private Insurance Plans. Payment in full at the time of service is expected (Post-travel sick visits will still be billed to your Insurance Plan). There are several levels of service. The cost is based on time involved, services provided, and type of provider seen.

Dear International Traveler:

Welcome to Fresno International Travel Medical Center (FITMC). We are dedicated to minimizing your international travel health risks through:

1. EDUCATION – Your knowledge on how to prevent and manage illness is your most important asset.
2. VACCINATIONS – We recommend and provide appropriate vaccinations for your international travel.
3. THERAPEUTICS – We provide recommendations and prescriptions for both preventative and treatment strategies for travel-related disease.

The recommendations given to you at FITMC are based upon a solid background of education and experience. I personally have a Certificate in Clinical Tropical Medicine and Travelers' Health from the American Society of Tropical Medicine and Hygiene. This credential reflects my completion of the diplomat course in Tropical Medicine at the Gorgas Memorial Institute of Tropical and Preventative Medicine, Lima, Peru. That initial course was completed in the year 2000, and the Advanced Course in 2003. I have diverse background in international travel, in addition to experience in working in a developing country.

To enable us to achieve our goal of providing comprehensive pre-travel and post-travel services **please complete the following:**

- Section A.** PERSONAL MEDICAL HISTORY.
- Section B.** INTERNATIONAL TRAVEL HISTORY – TRAVELED WITHIN THE PAST SIX MONTHS.
- Section C.** INTERNATIONAL TRAVEL HISTORY – TRAVELED PRIOR TO THE PAST SIX MONTHS.
- Section D.** CURRENT INTERNATIONAL TRAVEL ITINERARY.
- Section E.** TRAVEL CLINIC FINANCIAL POLICY.

Please complete **Section B & C, if you travel frequently.**

I strongly encourage you to use the information given to you during your travel clinic visit to anticipate and plan your international trip. **Bring the International Certificate of Vaccination** form with you on all your international trips and keep it with your passport. Also, make sure to bring this form with you to each and every travel clinic appointment.

FITMC is the home of the Central Valley GeoSentinel Project (CVGP). There are 47 GeoSentinel Sites at various travel/tropical medicine clinics throughout the world that collect clinical data on travel-related diseases and report it to our central database in Atlanta, Georgia. GeoSentinel is a joint effort between the International Society of Travel Medicine (ISTM) and the Center for Disease Control and Prevention (CDC) to monitor disease in returning international travelers, immigrants, and foreign visitors. We would like the opportunity to provide your post-travel medical care if you develop an illness related to travel. If by chance another physician has seen you during or after your travel, we would still like that information. CVGP is a community-based project that focuses on obtaining information on travel-related diseases so we can better understand how these diseases can influence the general health of our community.

Please make sure you complete all recommended vaccinations by attending your follow-up clinic appointments.

Sincerely,
Michael W. Lynch, MD, FACP, DTM&H
Certificate of Knowledge in Clinical Tropical Medicine and Travelers health

SECTION A:

Personal Medical History

Date:..... Name:.....

(if minor, name of parent or guardian).....

Age.....Gender.....Primary Physician.....

Allergies to drugs, vaccinations, foods or environmental factors

.....
.....

Current medical conditions (include chronic conditions like diabetes, asthma, etc. As well as recent conditions such as flu, pregnancy, injuries)

.....
.....

Current medications/hormones/herbals/botanical/recreational meds

.....
.....

Do you or have you had any of the following conditions? (PLEASE CIRCLE ALL THAT APPLY & ADD ANY OTHER CONDITIONS)

- | | |
|-----------------------|-----------------------------------|
| Pregnancy | HIV disease |
| Heart disease | Lung disease |
| Dental disease | Over 60 years of age |
| Diabetes | History of high altitude sickness |
| Psoriasis | Depression |
| Psychiatric disorders | Seizures / epilepsy |
| Heart rhythm problems | Cancer |
| Blood conditions | Long-term steroid use |
| Tuberculosis | (+) PPD skin test |
| 1. | 2..... |
| 3. | 4..... |

Do you take any of these medications (either prescription or over-the-counter)(PLEASE CIRCLE ALL THAT APPLY)

1. Beta-blockers (e.g., Inderal, atenolol, propanolol, Corgard, nadolol, Toprolol, metoprolol, etc.):
2. Calcium channel-blockers (verapamil, Verelan, Isoptin, Cardizem, diltiazem, Tiazac, etc.):
3. Any other cardiac medications:
4. Seizure medications:

Do you anticipate becoming pregnant while you are staying abroad?

When was your most recent TB skin test?

SECTION B:

International Travel History – Traveled within the last 6 months

Date _____

Name _____

(if a child, name of parent or guardian) _____

Age _____ Gender _____

Primary Physician _____

Which countries did you visit? (include **all stopovers**) _____

What was the current season in the places you visited? _____

What were the dates of your trip (departure and return)? _____

Where you visiting in rural, urban or both rural and urban areas? _____

Circle all modes of travel:

Airplane cruise ship local water transportation train animal pack

Private car tour bus city transportation walk/cycle other

Where you in close contact with wild or domestic animals? Yes / No

Did you ever drink water that was untreated, unboiled or ice? Yes / No

Did you make any skin contact with lakes or rivers (this includes wading, bathing, swimming)? Yes / No

Did you walk barefoot anywhere? Yes / No

SECTION B: CONTINUED

Describe the types of foods and liquids you consumed (restaurant, home-cooked, street vendors, etc.)

Briefly describe your current symptoms _____

When did your symptoms begin? _____

Did you seek medical care while on your trip? Yes / No

Describe the treatment given to you and by whom _____

Have you received medical care since your return home? Yes / No

While traveling, did you experience any of the following? (check all that apply)

- | | |
|-----------------------------------|--|
| _____ Fevers | _____ Abdominal Cramps |
| _____ Skin Rashes | _____ Itching |
| _____ Swelling of glands or limbs | _____ Diarrhea |
| _____ Sores that didn't heal | _____ Urine problems (color, odor, Pain) |

Did you take any antimalarials during your trip? Yes / No

If yes, supply the name of the medication and how long you took it both before the trip and after returning home.

SECTION C:

International Travel History – Traveled Prior To the Last 6 Months

Place of birth _____ Date of birth _____

Citizenship(s) _____

If you were born outside the US, what year did you first arrive in the US? _____

International travel – most recent first:

Country	Duration (dates)	Rural	Urban
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Have you had any adverse reactions to any vaccines? _____

If so, indicate the vaccine and describe the reaction _____

If you were born after 1956, have you had measles, mumps or rubella? _____ (please circle)

If not, have you been immunized against measles since 1980? _____

Purpose of travel

- _____ 1. Business
- _____ 2. Missionary
- _____ 3. Diving
- _____ 4. Foreign Study
- _____ 5. Teacher
- _____ 6. Field Work
- _____ 7. Climbing
- _____ 8. Pleasure
- _____ 9. Volunteer Agency
- _____ 10. Other _____

SECTION C: CONTINUED

Type of travel (check choices)

Guided Escorted tour

Independent travel (fixed versus flexible itinerary)

Accommodations (check choices)

Hotels Safari Resort Camp

Rented foreign home Youth hostel Private home Other

Do you need any pre-travel physical exam forms completed? Yes / No

Did you receive counseling / education prior to your other travels? _____

Check all that apply

Counseling Education Treatment from:

1. Primary MD
2. This Travel Clinic
3. Used Internet sources
4. Talked with friends who have traveled to area
5. Another Travel Clinic
6. Was in the military

SECTION D:

Current International Travel Itinerary

Planned international travel – begin with the country you are leaving from and end with the country you are returning to: (Please include country layovers longer than 8 hours)

	Country	Duration (dates)		Rural	Urban
		<u>Arrival</u>	<u>Departure</u>		
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

Purpose of travel

1. Business 2. Missionary 3. Diving
 4. Foreign Study 5. Teacher 6. Field Work
 7. Climbing 8. Pleasure 9. Volunteer Agency
 10. Other _____

Type of travel (check choices)

- Guided Escorted tour
 Independent travel (fixed versus flexible itinerary)

Accommodations (check choices)

- Hotels Safari Resort Camp
 Rented foreign home Youth hostel Private home Other

SECTION E:

Financial Policy

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Travel Clinic services/vaccines/supplies are payable in full when you check out with the receptionist.

“Special Order” vaccines are payable in full, when ordered.

We are reserving a lot of time for your appointment; please understand that we will have to relate a **missed appointment fee of \$100.00** to you to cover the cost of researching your destinations and preparing paperwork for your trip. Please contact us at least 2 business days in advance, should you need to re-schedule your appointment.

A \$30.00 fee will be charged for returned checks

Date

Patient Signature

Date

Receptionist Signature