Travel Form Checklist

The more accurate and complete your information, the better we will be able to serve you.

Personal Info			
Name, Birth date, Gender, Weigh	t, Address, Phone	, E-Mail, Healthcare provider name and phone	
Medical History			
 List all known allergies wi 	th reactions		
2. Provide 'yes/no' answers	for about 20 ques	tions on medical conditions or illnesses	
List of surgeries with date	?S		
4. List of all medications wit	h dosages		
Vaccinations (Form allows 'Une	certain' for vacci	inations and 'Don't know' for dates)	
Vaccine	Date	Allergic Reaction? Describe.	
DPT (Tetanus) (first available in 19	940's)		
4 shots	1.		
	2.		
	3.		
	4.		
Booster			
Polio (IPV first available in 1955; 0	OPV: 1961-63; exc	lusive use of IPV in US in 2000)	
3 (IPV) shots or 4(Oral)	1.		
	2.		
	3.		
	4.		
Adult Booster			
MMR (first available in 1981)			
2 shots	1.		
	2.		
Blood titer		State if positive for immunity.	
Chickenpox (first available in 1999	5)		
2 shots	1.		
	2.		
Adult Shingles (Available -2006)			
Hepatitis A (first available in 1995	5)		
2 shots	1.		
	2.		
Hepatitis B (first available in 1981	.)		
3 shots or 4 (accelerated sched.)	1.		
	2.		
	3.		
Accelerated schedule	4.		
Twinrix (combination of Hep A ar	nd B) (first availab	le in 2001)	
3 shots or 4 (accelerated sched.)	1.		
	2.		
	3.		
Accelerated schedule	4.		
Meningitis (within the last 5 years	s; Menveo – 2 yea	rs)	
Must be within last 5 years.			

Pneumonia (first available: PPV14	- 1977; PPV23 - 19	983; PCV7 - 2000; PCV13 - 2010)			
Adult – PPV					
Influenza					
Immunized within the last year.					
Japanese Encephalitis (<i>Ixiaro</i> – 2 shots, possible booster; Older – 3 or 4 shots)					
2 shots	1.				
Older vaccine may be 3 or 4	2.				
<i>Ixiaro</i> Booster	3.				
Accedlerated schedule - older	4.				
Rabies					
Pre-exposure:3 shots	1.				
	2.				
	3.				
Post-exposure: 5 shots	1.				
	2.				
	3.				
	4.				
	5.				
Booster					
Typhoid (within the last 5 years; T	yphim Vi shot goo	d for 2 years; Oral Typhoid pills good for 5 year	·s)		
Typhoid Shot (Typhim Vi)					
Oral Typhoid (4 pills)					
Yellow Fever (within the last 10 y	ears)				
Most recent					
Destinations					
List Countries in Order (include	Days in	List regions, cities. List cities >6000 ft. (Do a			
airport connections/layovers)	Country	computer search by city name)			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					