TIPPECANOE COUNTY
HEALTH DEPARTMENT

Nursing Division
629 N. 6th Street, Suite A
Lafayette, IN 47901
765-423-9222

Pre-Travel Questionnaire Form

This form is to be completed to obtain patient, vaccine, and destination information for the travel appointment. (Please Print Clearly)

Section A- Traveler Information

First Name: _____ Last Name: _____
Date of Birth: ____/____/____ Age: _____ Gender: F Email: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Doctor/Primary Care Provider: _____
Provider Address: _____
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: YES☐ NO☐ If yes; list: _____
Anaphylactic Reactions? _____
Have you ever had an adverse reaction to an anti-malarial? YES☐ NO☐
If yes; list which ones: _____

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 a thymus disorder 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 a compromised immune system (e.g. chemotherapy, radiation, or high-dose steroids in the past two years)?	☐	☐
6. Do you have a history of psoriasis?	☐	☐
7. Do you have a history of heartburn or acid reflux?	☐	☐
8. Do you have history of kidney or liver problems?	☐	☐
9. Are you breastfeeding, or could you be pregnant/intend to become pregnant in the next three months? ***Females receiving live vaccines should not become pregnant for three months***	☐	☐
10. Other medical conditions?	☐	☐

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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 trips as:

- ○ Business
- ○ Volunteer/Mission
- ○ Vacation
- ☐ Visiting Family